FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006558 (6)

FILED Jan 27 1997 8:00am Secretary of State

Principal Place of Business RT 1. BOX 96 LAWTEY FL 32058	Mading Address RT 1. BOX 96 LAWTEY FL 32058-9801			
ENTITE TE SECON	CATTLE TE SECONDO		3. Date Incorporated or Qualified 01/22/1996	3a. Date of Last Report
2. Principal Place of Business 21 2884 NW 200 th 5+.	2a. Mailing Address 26 2884 NW	200th St.	4. FEI Number 59-336-2083	Applied For Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Lawtey .F/	Oity & State	F1.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32058 25 Brad ford	29 32058	30 Deadford	I	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
SIKES, CHARLES D		81 Name		
996 N TEMPLE AVE STARKE FL 32091		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607 0502 office or registered agent or both, in the State agent. I am familiar with, and accept the obligations of Sections 6 or sections as a section of the sections of the section of the sections of the secti	of Florida, Such change was a tions of, Section 607,0505, Flo	authorized by the corporati	ion's board of directors. I hereby accep	ot the appointment as registered
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TILE D	☐ DELETE	1.1 1/7LE		Change Addition
NAME MORGAN, GLYNN		1.2 NAME .		
STREET ADDRESS RT 1, BOX 96		1.3 STREET ADDRESS		
CRY SI ZP LAWTEY FL 32058	Doctor	1.4 CITY - ST - ZIP		[] O
INF D	☐ DEFELE	21 TITLE		Change Addition
NAME MORGAN, BETTY STREEL ADDRESS RT 1, BOX 96		2.2 NAME 2.3 STREET ADDRESS		
CITY-SE ZIP LAWTEY FL 32058		2 4 CITY-ST-ZIP	₹.	ti. ame H⊤y
TILE	DELETE	3 1 TITLE		☐ Change ☐ Additio
NAM:		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-ST ZIP		3.4. CITY-ST-ZIP		
THILE	☐ DELETE	4.1 TITLE		Change Additio
NAME		4.2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CITY ST-7 P	DELETE	4.4 CITY - \$T - ZIP		Change Addition
MANE	בן טנננונ	5.1 TITLE 5.2 NAME		Fin cyclige Fil Minner
STREE ADDRESS		52 NAME. 53 STREET ADDRESS		
		· I		
THE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME	vecet	6.2 NAME		- Change - Addition
STREET ACURESS		6.3 STREET ADDRESS		
City St- ZiP		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied	with this filing does not quali		Lin Section 119 07(3)(i) Florida Statute	s I further certify that the

Four energy dentity each me mornal or supplied with disk the information information indicated on his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed end, and that my name and the same statement with an address.

SIGNATURE: X