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 # P9600006932 (3)

THE PUBLIC GROWTH COMPANY

Principal Place of Business

Mailing Address

FILED Jun 02 1997 8:00am Secretary of State

|--|--|--|--|--|--|--|

9499 WEST HILLSBOROUGH AVENUE	9UTE 180 -	H AVENUE,		
ZAMPA FL 8 3815	TAMPA FL 33615-3808		3. Date Incorporated or Qualified 3a 01/18/1996	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5816 CINE bayar	U 26 3816 Liv	selvanah)	59-3357114	Not Applicable
Sylte, Apr. #, etc.	Suite, Apl. #, etc. 27 # 20 4		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Campa FC	City & State	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33624 25 Hillibyron	33624	30 Hill 1000	8. This corporation has liability for invang Florida Statutes X Yes	☐ No
Name and Address of Curr CLARK, JAMES E-JR	ent Registered Agent	B1 Name -	10. Name and Address of New Register	ed Agent
5491 BAY WATER DRIVE	•		James E. Tur	N60
TAMPA FL 33815		82 Street Add	ress (R.O. Box Number is Not Acceptable)	
173411 74 12 555 15		83 44	1 1701 - GO NEI	4
1 ()				1
		84	. A.a	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corr	poralion submits this statement for the purpos	e of changing its registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent or both, in the Sta agent. I am sentilies with and accept the obl	tle of Florida. Such change was a	authorized by the corporal	tion board of directors. I hereby accept the	appointment as rigistered
SIGNATURE	igations of, decitor) our bood, the	intia Siajujes.	*	c 04 RDA7
Signature, typed or plinted name of registered is	agent and little if applicable. (NOTE	Registered Agent signature requir	ired when reinstating) DAT	
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE CISIDI	☐ DELETE	1.1 TITLE		Change Addition
NAME James E. Tu	クタタク	1.2 NAME		
STREET ADDRESS CINY 12 CA STEE	licey	1.3 STREET ADDRESS		
CITY-ST-ZIP TENMINA IFC	33616	1.4 CITY - ST - ZIP		
TITLE TO !	DELETE	2.1 TITLE		Change Addition
NAME WILLIAMOC.	anella	2.2 NAME		
STREET ADDRESS 45412 1900 61	1, et i 12 c' i	2.3 STREET ADDRESS		
CITY-ST-ZIP CAMPIO, PC	. 33b24	2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME	\	^
STREET ADDRESS		4.3 STREET ADDRESS	(1)	0,
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP		/ [] Ob [] Table
NAME	☐ Dettere	5.1 TITLE	Poll	Change L Addition
STREET ADDRESS		5.2 NAME	V .	
		5 9 STREET ADDRESS	O	
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME) DECENT	6.2 NAME		□ Cuarige [□] Addition
STREET ADDRESS]			
CITY-ST-ZIP	/	6.3 STREET ADDRESS	1	RI Destilien
14. I do hereby certify that the information suppli	ed with this filing does not qualify	6.4 CITY-ST-ZIP / for the exemption stated	in Section 119.07(3)(i). Florida Statutes. I furt	her certify that the

Information indicated on this 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 I am 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 12 or Block 13 if changed, or on an attachment with an address.