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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Į.	NNUAL REPORT Secretary of State DIVISION OF CORPORATIONS				Secretary of State	
DOCU 1. Corporatio	MENT # POROO	0013339 (2)	170		, <u></u>	A TREATMENT THE SOUR BOWN BOWN BOWN BOWN ORNER WHERE WHILE WHILE THE FORE
Principal Plan	o of Business	Mailing Address				
Principal Place of Business Mailing Address 522 ORANGE STREET 522 ORANGE STREET						
AUBURNDALE FL 33823 AUBURNDALE FL 33823						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address						02/13/1996 4. FEI Number Applied For
21 26 26						65-0638251 Not Applicab
Suite, Apt. #, etc. Suite, Apl. #, etc.						5. Certificate of Status Desired See Regulred
22 27 City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees	
Zip				intry		8. This corporation owes or has paid the current year Intangible
24 25 29 30 30 g, Name and Address of Current Registered Agent				_		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
14/4		it trogissione regulit		61	Name	ID. Hallo alla Adalago di Hall Magina da Again
WALKER, FRANKLIN B 522 ORANGE STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	BURNDALE FL 33823				Stroot Addit	ess (1.0. dox (40)) to 140) Accordability
				83		
				B4	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the al	DOVE	-named corp	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a ations of, Section 607,0505, Flo	authorize orida Stat	d by utes	the corporati	oration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	or terms of the second of the	,,,				
<u> </u>	Signature, typed or printed name of registered age			d Age	nt signature require	ed when reinstating) DATE
12.	OFFICERS ANI	DELETE	13.	TI F	 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	WALKER, FRANKLIN B		1.2 NAME			
STREET ADDRESS	522 ORANGE STREET		1		ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY+ST-ZIP		T-ZIP	
TITLE	0			2.1 TITLE		Change Addition
NAME	WALKER, DOYLE L			2.2 NAME		
STREET ADDRESS	4616 E. MCKENZIE STREET		2.3 ST	AEET.	ADDRESS	
CITY-ST-Z#P	FRESNO CA 93702			2.4 CITY-ST-ZIP		Channe
TITLE	D Walker, Mary L	T DECEIG	3.1 TITLE 3.2 NAMI		}	L Change L Addition
NAME STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-2IP	ALIMINATE AT THE STATE OF THE S		- 1	3.4. CITY-ST-ZIP		
TITLE	AGDOTHIDALE TE GOOZO	☐ DELETE	4.1 Ti		11 - Zir	☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CI		T-ZIP	
TITLE		☐ DELETE	5.1 TII	LLE	į	☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			B .		ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CI		1-2IP	Change Additio
NAME		LA DECELE	6.1 M			
STREET ADDRESS					ADDRESS	
STILL ADDIESS		_	1 ****			• ,

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 of trusted 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.

FILED

Mar 04 1998 8:00am