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 # P9600031650 (0)

UF ONLY NO. 6, INC.

Principal Place of Business

Mailing Address

FILED May 16 1997 8:00am Secretary of State



ST. PETERSBURG FL 33705		ST. PETERSBURG FL 33705-6224							
						3. Date Incorporated or Qualified 04/05/1996	3a. Dat	e of Last R	eport
2. Principal Pi	ace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Ar	oplied For
21		26				59-3311232			ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	<u> </u>	City & State				C Floating Companying Financing			
23		28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	⊢ − • 1	ountry	1	8. This corporation has liability for i			. 199.032,
24	25	29	30			Florida Statutes 10. Name and Address of New Re		No	
11510	9. Name and Address of Current	it Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
HEISTAND, PAUL K					i yairio				
221 SECOND AVENUE SOUTH ST. PETERSBURG FL 33701				82	82 Street Address (P.O. Box Number is Not Acceptable)				
Şi, r	EIERSDUNG FL 33/UI			83	 				
				84	City			DE Zin	Code
				54	City		FL	85 Zip (COUC
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.05(egistered agent, or both, in the Stato n familiar with, and accept the oblig	02 and 607.1508, Florid e of Florida. Such chang ations of, Section 607.0	la Statutes, the ge was authoriż 0505, Florida St	abov ed b atute	e-named co y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of our of the appo	changing it inlment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title diapplicatue	(NOTE: Registe	red An	ent signature re	guired when reinstating)	DATE		
12.		D DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D	DE	LETE 1.1	TITLE				Change	Addition
NAME	HOWARD, MARY K		1.2	NAME					
STREET ADDRESS	227 COLONY POINT ROAD S	DUTH	1.3	STHEE	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33705		14	CITY-S	ST-ZIP				
TITLE	D	☐ DE	LETE 21	TITLE				Change	Addition
NAME	HOWARD, WILLIAM G		22	NAME	Į.				
STREET ADDRESS	227 COLONY POINT ROAD S	DUTH	2.3	STREE	I ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33705			_	S1-ZIP				
TITLE			. ETE 3.1	TITLE			L	Change	☐ Addition
NAME			3.2	NAME					
STREET ADDRESS			33	STREE	AODRESS				
CITY-ST-ZIP					ST-ZIP			7 ~~~	
TITLE		L DEI		TITLE			i	Change	Addition
NAME				NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP		DE		CHY-3	ST-ZIP			Change	Addition
TITLE		اللا الله		TITLE	1		L	Unalige	L. Audilion
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DE		DITY-S TITLE	SI-ZIP			Change	Addition
NAME		[_] DE		NAME				onange	AUGIOUII
					LADORCCC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	y certify that the information supplies	d with this filing dops r		CITY-S		led in Section 119.07(3)(i), Florida Statute	s I further	cerlify that	the
information I am an of	n indicated on this annual report or :	supplemental annual re r the receiver or trusted	port is true and empowered to	Lacci	urate and th	nal my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as	if made und	der oalh; thai