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 # P96000040810 (9)

5100 CORPORATION INC.

NAME Street address

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

	10								
1 . '			Mailing Address						
OKEECHOBE			P O BOX 3191 OKEECHOBEE FL 34973-3191						
	,						3. Date incorporated or Qualified 3a. Date of 05/07/1996	Last Report	
2. Principal F	Place of Business	2a. 1	2a. Mailing Address				4. FEI Number	XX Applied For	
21		26	the property of the contract o				Applied For Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					3.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$	5.00 May Be	
23		28	to be a second to the contract of the contract					Added to Fees	
Zip	Country 25	29	ʻip	Caur 30	itry		8. This corporation has liability for intangible tax under s. Florida Statutes Yes No		
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agen	t	
TYLER, JAMES N					81	Name			
	X HIGHWAY 27					Street Addr	ess (P.O. Box Number is Not Acceptable)		
SEI	Bring FL 33872								
	•				83				
				-	В4	City	FL 85	Zip Code	
11. Pursuant office or agent 1	to the provisions of Sections 607.05 registered agent, or both, in the Statam familiar with, and accept the obli	02 and 607 e of Florida gations of, 1	.1508, Florida Statute . Such change was a Section 607.0505, Flo	es, the ab authorized rida Statu	ove by	named corp the corporat	poration submits this statement for the purpose of char- tion's board of directors. I hereby accept the appointm	iging its registered ient as registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and tilloif	IFON) of deploying	Hogistered	Aga	nt signature requi	red when roinstating) DATE		
12.	OF LICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	D		☐ DELETE	1.1 781				Change	
NAME TYLER, JAMES N					1.2 NAME				
STREET ADDRESS 301 NO PARROT AVENUE					1.3 STREET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34973		DELETE	1.4 CII		1-2IP	·····	Change Addition	
TITLE NAME			<u></u>		2.1 TITLE 2.2 NAME			.nange Agorron	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	1			2.4 01					
TITLE			DÉLETÉ	3.1 1(1)	** *			Change	
NAME				3.2 NA	AE.			_	
STREET ADDRESS]			3.3 \$1F	££1.	ADDRESS			
CITY-ST-ZIP				3.4 CII	Y - S	1-ZIP			
TITLE			DITELE	4.1 700				Change 🔲 Addition	
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 \$16	£E1	ADORESS			
CITY-ST-ZIP			<u> </u>	4.4 CIT	Y-51	1-7IP			
TITLE	1		DELETE	6.17(1)			Γ1 c	hange Addition	

14. I do hereby certify that the information supplied with this 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block-19 if observed, or on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

G.1 THLE

6.2 NAME

DELETE

Cto.

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00002125

add dom d

FILED

Mar 26 1997 8:00am

Secretary of State

R2E034 (9/96)