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

P96000062974 (6)

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

	SOI 20 ALLEN'S ALLEY DRIVE EUSTIS FL 32736	36120 ALLEN'S ALLEY DRIVE EUSTIS FL 32736-9003	
I	Principal Place of Business	Mailing Address	_

FILED May 13 1997 8:00am Secretary of State

	PHODUCIS, INC.								
Principal Place		Mailing Address				Maria Britt (()	HE N (N AMA IN () (0101 /3 81	
36120 ALLEN'S ALLEY DRIVE 36120 ALLEN'S ALLEY DRIVE EUSTIS FL 32736-9003									
			<u></u>		3. Date Incorporated or Qualified 07/24/1996	3a. Date	of Last Re	eporl	
	ace of Businoss 28. Mailing Address				4. FEI Number			plied For	
21	26				59-3394833	Not Applicable			
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27 State City & State 28							8.75 Additional Fee Required	
City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30	,	8. This corporation has liability for i	ntangible ta		199.032	
	9. Name and Address of Currer		100		10. Name and Address of New Re				
3612	STCOTT, ELIZABETH D 20 ALLEN'S ALLEY DRIVE ITIS FL 32736	81 82 83		ess (P.O. Box Number is Not Acceptab	le)	85 Zip C			
11 Durayant	to the provisions of Sections 607.000		- /	poration submits this statement for the p	FL				
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was a ations of, Section 607.0505, Fig.	es, me abov authorized by orida Statute	the corporat s.	oration submits this statement for the p ion's board of directors. I hereby accep	the appoi	ntment as	registered	
SIGNATURE	Signature, typod or printed name of registered age	ent and title if applicable. (NOT	E Registered Agr	ent signature roquir	ed when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				
TITLE		☐ DELETE	1.1 1∥1.€	P	resident		Change	Addition	
NAME			1.2 NAME	G	raceann W. Fuller				
STREET ADDRESS			1.3 STREET	ADDRESS 3	6142 Allens Alley Dri ustis, FL 32726	.ve			
CITY-ST-ZIP				ar-zon E r	ustis, FL 32726				
Titre		DELETE	2.1 THTLE	V.	ice-President	Ī.	Change	X Addition	
NAME			22NAME	E	lizabeth D. Westcott				
STREET ADDRESS			2.3.\$1REE1	1 3	6120 Allens Alley Dri	.ve			
CITY-ST-ZIP		T pritte	2. 4 CHY-	SI-ZIP E	ustis, FL 32726		7 Obsess	Addition	
TITLE		DELETE	3.1 TITLE			L	Change	ADDINION	
NAME			3.2 NAME						
STREET ADDRESS	1		3.3 STREET	1				l	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4 CITY-	S1-7/P		Г	Change	Addition	
			4.2 NAME			L	Onlongo	CT VIDO:DOU	
NAME				r ADDOTOO				ļ	
STREET ADDRESS				F ADDRESS					
CITY-ST-ZIP TITLE		DELETE	44 DITY-S	51-214			Change	Addition	
= '			5 2 NAME			L	Otto-190		
NAME OVERT ADDRESS	}		1	r ADDOCCC					

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 eath; 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.

5 4 CITY - ST - ZIF

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

Change

Addition