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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000075235 (7)

FILED May 02 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 117 MACON ROAD 117 MACON ROAD PALATKA FL 32177 PALATKA FL 32177-7892								
					3. Date Incorporated or Qualified 09/06/1996	3a. Da	te of Last F	leport
 Principa Pl 	ace of Business	2a. Mailing Address	}	711 711 1111	4. FEI Number 340853	36		oplied For ot Applicable
Suite, Apt	# _, etc.	Suite, Apt #, etc	C.		5. Certificate of Status Desired			Additional equired
City & State	!	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip (4)	Country 25	Zip 29	30 Co.	ntry	8. This corporation has liability by	iplangible		
	9. Name and Address of Curre				10. Name and Address of New Re	gistered A	lgent	
CHE	SSER, CHRISTAL M	,		81 Name		-T		
117 MACON ROAD PALATKA FL 32177			82 Street Add		dress (P.O. Box Number is Not Acceptat	ble)	**************************************	
,,,,	Will be out to			83				
				84 City		FL	85 Zip	Code
	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change igations of, Section 607.050	was authorize 05, Florida Sta	d by the corpor tutes.	orporation submits this statement for the pration's board of directors. I hereby accel	pt the appo	Jii ti nierit as	•
SIGNATURE	Signative the disciplation make of registered a	agent and tile if applicable	(NOTE Registere	d Agent signature rec	ation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	RS IN 12
SIGNATURE	Signative type dice profod name of registered a	agent and tile if applicable	(NOTE Registere 13. IE 1.1 TI 1.2 N	d Agent signature red	juired when reinstating)	DATE		
SIGNATURE 12. TILE NAME STREET ADDRESS	Signature 14-3 or profited name of registriced a OFFICERS A D CHESSER, CHRISTAL M	agent and tile if applicable	(NOTE Registere 13. IE 1.1 TI 12 N 1.3 S	d Agent signature rec TLE AME IREET ADDRESS	juired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILLE NAME SURELLADORESS GUY-SL ZID	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD	agent and tile if applicable	(NOTE Registere 13. IE 1.1 TI 12 N 13 S 1.4 C	d Agent signature rec TLE AME IREET ADDRESS TY+ST-ZIP	juired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THUE NAME STREET ADDRESS GDY-ST-ZIP THUE	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W	ager and the dapplicable ND DIRECTORS DELET	(NOTE Registere 13. IE 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. THE NAME SUBJECT ADDRESS GITY-ST ZIP THEE	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W 117 MACON ROAD	ager and the dapplicable ND DIRECTORS DELET	(NOTE Registere 13. IE 1.1 TI 12 N 13 S 1.4 C 2.1 TI 2.2 N	d Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. THE NAME SPRET ADDRESS CHY-SLIZE THE NAME STREET ADDRESS CHY-SLIZE CHY-SLIZE	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W	agen and the diapplicable ND DIRECTORS DELET	(NOTE Registere 13. IE 1.1TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	D Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SIRELLADORESS CHY-SL-ZIP THEE NAME SCHELLADORESS CHY-SL-ZIP THEE	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W 117 MACON ROAD	ager and the dapplicable ND DIRECTORS DELET	(NOTE Registere 13. IE 1.1TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C IE 3.1 TI	D Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP TLE ITY - ST - ZIP TLE	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W 117 MACON ROAD	agen and the diapplicable ND DIRECTORS DELET	(NOTE Registere 13. 15. 11.11 12. 13.5 1.40 21.11 22. 23.5 24.0 16. 32.0	D Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP TLE AME ITY - ST - ZIP TLE AAME	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
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SIGNATURE 12. THE MANE SIRELLADORESS GHY-SI-ZIP THE NAME SIRELLADORESS CHY-SI-ZIP HEE MAME SIRELLADORESS CHY-SI-ZIP SIRELLADORESS GHY-SI-ZIP	OFFICERS A D CHESSER, CHRISTAL M 117 MACON ROAD PALATKA FL 32177 D OLNEY, RICHARD W 117 MACON ROAD	agen and the diapplicable ND DIRECTORS DELET	(NOTE Registere 13. IE 1.1TI 12 N 13 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C IE 31 TI 3.2 N 3.3 S 3.4 C	D Agent signature rec TLE AME IREET ADDRESS TY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP	juired when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
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Information inclicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under on Lam 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 as additionant with an acid ess.

SIGNATURE