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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  Principal Place of Business  Mailing Address  1916 HIGHWAY 98 NORTH LAKELAND FL 33805				<u> </u>		
					3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	:6		59-3402869	Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Sorphodic of Ottos (Source	Fee Hequired	
City & Stat	lθ	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7 <sub>ID</sub>	Country	,	8. This corporation has liability for inta	
24	25	29	30		Florida Statutes	∕es □ No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regis	tered Agent
105 LAK	IN, JOHN L SOUTH FLORIDA AVENUE ELAND FL 33801  to the provisions of Sections 607 of registered agent, or both, in the Star	.02 and 607.1508, Fiorida Stati te of Florida Such change was	82 83 84 Hes, the above authory of by	My L	ress (P.O. Box Number is Not Acceptable)  1885  COEST  AVE  AVE  Average  A	FL 85 Zip Code 33813
agent. La SIGNATURE	n ale	- Truck	iK .		4-28	3-41
12.	Signature, typed or printed name of registered a OFFICERS AL	gert and title disopticable: <b>\( \)</b> (NC ND DIRECTORS	13.	an signature rega	red when relevating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 THILE			Change Addition
NAME	FONTAINE, MICHAEL	• •	1.2 NAME			}
STREET ADDRESS	50 LAKE HOWARD DRIVE		1.3 \$18001	ADDRESS		
CITY - ST - ZIP	WINTER HAVEN FL 33880		1.4 CHY-5	61 - 7IP		];
TITLE	DELETE		2.1 THLE	F		Change Addition
NAME	MURPHY, DALE		2.2 NAME			
STREET ADDRESS	5885 CREST LANE		23 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-	S1-7IP		
TITLE	j	L) DELETE	3111114	V		Change Addition
NAME			3.2 NAME	1 = 1	herwood D. Murphy 25 E. Clower Street	
STREET ADDRESS	Į		3.3 STREET		<del></del>	
CITY-ST-ZIP TITLE		DELETE	3.4 CBY-1	SI 7IF	Acrow, FL 33830	Change Addition
NAME	1		4. 2 NAME			
STREET ADDRESS	1		4.3 STREET	ADDRESS		
CITY-ST-ZIP			44 0117 - 3			
TITLE		☐ DELETE	5 i Title			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET	I ADORESS		
CITY-ST-ZIP			5.4 CITY - S	51 - ZIP		(
TITLE		DELETE	61 HILE			Change Addition
NAME			5 2 NAME	1		
STREET ADDRESS			6.3 STREU	ADDRESS		

City-St-ZiP

14. I do hereby certify that the information supplied with this filing owes 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 suppliemental annual report is true and accurate and that my signature shall have the same legal offect 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 13 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 13 1997 8:00am

Secretary of State