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 # 1. Corporation Name

DECRETY DECEMBED SERVICES INC

FILED

Apr 22 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing A	Address								
) '	rson street	990 S. J	990 S. JEFFERSON STREET MONTICELLO FL 32344-1618								
							3. Date incorporated or Qualified 11/08/1996	3a. Da	ate of Last F	Report	
2. Principal P	lace of Business	2a. Mailm 26	ng Address				4. FEI Number 59-3410908			pplied For of Applicable	
Suite, Apt	#, etc.	Suite,	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		Additional	
City & Stat	P	City 8	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
[23] Ζφ	Country	28 Zip		Cou	ntry		8. This corporation has liability for in		tax under s		
24	25 9. Name and Address of Curre	29 nt Registered	Agent	30		······································	Florida Statutes X 10. Name and Address of New Reg				
DID	D, T. BUCKINGHAM ESQ.			-	81	Name					
220 S. CHERRY STREET MONTICELLO FL 32344					62	Street Addr	ss (P.O. Box Number is Not Acceptable)				
) mo	MINCELLO FE 02044			ļ	83					***************************************	
ĺ				Ī	84	City		FL	85 Zip	Code	
SIGNATURE	Styricure type disciprodustrante of registered &		abio. (NC				oration submits this statement for the pion's board of directors. I hereby accepted when reinstaing) ADDITIONS/CHANGES TO OFFICE	DATE			
12.	D OFFICERS AI	NO DIRECTORS	DELETE	1.1 10	II E		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition	
NAME	YORK MILLS, GEORGE III			1.2 NA		1			Ondings	T NORTH OF	
STREET ADORESS	990 S. JEFFERSON STREET					ADDRESS					
CHY-ST-ZIP	MONTICELLO FL 32344			1.4.00	TY-S	ST-ZiP					
TITLE			DELETE	2.1 7()]			Change	Addition	
NAME COULTY ADDRESS			•	22 NA		ADDRÉSS					
STHLET ADDRESS CITY-S*-7IP						ST-ZIP					
TIGHT	**************************************		DELETE	3.1 7/1	$\overline{}$				Change	Addition	
NAVE				3.2 NA	ME	}	1.				
STREET ADDRESS						ADDRESS					
THILE			DELETE	3.4. CI 4.1 Ti		ST-ZIP			Change	Addition	
NAME			- Petrot	4. 2 N		}			omige	L. POGISON	
STREET ADDRESS				1		ADDRESS					
City-St-ZP			,	4.4 Ci	1Y-S	ST-ZIP				·	
TITLE			DELETE	5.1 7()					Change	Addition Addition	
NAME NAME				5.2 NA							
STREET ADDRESS						r address					
CHTY - ST - ZIP THILL			DELETE	54 CI 61 Tii		ST-ZIP			Change	Addition	
NAME				6.2 N/		-				/10011011	
STREET ADDRESS				ı		ADDRESS					
CITY - ST - ZIP						ST-ZIP					

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 13 if changed or on an attachment with an address.