

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006277

1. Corporation Name

Principal Place	e of Business	Mailing Address			
12271 103RD AVENUE NORTH 12271 103RD AVENUE NORTH LARGO FL 33778 LARGO FL 33778			1		
CHICO PL 3377	, o	Critico I E dollo		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed 01/21/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3424351	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	4	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24		29 3	o	Personal Property Tax.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
ELRO	OD, EVA			18 ELROD	
79 OVERBROOK BLVD				ress (P.O. Box Number is Not Acceptable)	İ
LAR	GO FL 33770		83	100 110	
	·		B4 LityARC	50 F	FL 85 Zip Code 33778
l office or n	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Fiorida. Such change was auti	nonzea by the curpurati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered ipointment as registered
SIGNATURE	Signature, typed or printed name of registered age	(NOTE: 0	egistered Agent signature require	act when reinstation) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	ELROD, RANDALL GENE		1.2 NAME		
STREET ADDRESS	12271 103RD AVENUE NORTH	ł	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	LARGO FL 33778				Ĭ
TITLE			1.4 CITY+ST+ZIP		
NAME		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.1 TITLE 2.2 NAME		
		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

04-19-99

☐ Change

☐ Addition

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90148 021 \*\*\*150.00