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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| , Corporation SOUTH | MENT # SO413 HERN MANAGEMENT OF P | | C. | | | | |
|--|--|---|--|---|---|------------------------------------|------------------------------|
| | of Business N ROCKS RD LUFFS FL 34640 | | Mailing Address 455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640 | | # #8811018 311 28111 05201 11000 31101 | 1851 11811 11811 WINTE DIWIT | |
| DECESSIT OF | | V | • | | 3. Date Incorporated or Qualified 10/05/1990 | 3a. Date of Last Re 04/06/19 | |
| Principal Pla | ice of Business | 2a. Mailing Address | | | 4. FEI Number | 1 | Applied For |
| | | Suite Ant # etr | Suite, Apt. #, etc. | | 65-0225803 | \$8.75 | Not Applicable Additional |
| Suite, Apt. #, etc | | 27 | ⊢ ¬ | | Certificate of Status Desired | 7 | Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | 0 May Be d to Fees |
| Zip | Country 25 | Zip | Zip Country | | This corporation has liability for intencible tax under s 199.032, Florida Statutes | | |
| | 9. Name and Address of Currer | | | | 10. Name and Address of New R | egistered Agent | |
| | | | 81 | 1 Name | | | |
| ARSENAULT, KENNETH G. JR. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | le) | |
| 655 ULMERTON ROAD SUITE 4A | | | 83 | 3 | | | |
| LARGO FL 34641 | | | 84 City | | | 85 Z | p Code |
| | | | 1 | 1 1 | ration submits this statement for the pur | FL | · |
| 2. | | nt and title 1 application (NO DIFFE CTORS) | 13. | rit signature require | o when renstating." ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIFFECTO Change | ORS IN 12 |
| LF ME | PD Buckles, William G, Jr | | 1.2 NAME | | | [| |
| HELT ADDRESS | 455 N INDIAN ROCKS RD | | | | | | <u></u> |
| | | | 1.3 STREE | ET ADDRESS | | | <u></u> |
| Y-ST ZIP | BELLEAIR BLUFFS FL | | 1.4 CITY- | - S1 - ZIP | | [T] Change | |
| LF | VTD | ☐ DELETE | 1.4 CITY- 2 1 TITLE | - \$1 - ZIP E | | Change | |
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not necess, certify that the information supplies with this supplier entity that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature stall have the same legal effect of made attacks. Further certify that I am an officer or precipit 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 it chapters or or an attachment with an address.

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/5/96 813.585.6333