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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # \$17665

(8)

KITCHEN, JUDKINS, SIMPSON & HIGH, P.A.

## **FILED** Apr 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					n inntinta lat tidil famil bitth nithi bit	ı Babalı Bilbik bilbik bibik bibik bibik ibbi
1102 NORTH TALLAHASSE	GADSDEN ST. EE FL 82303	1102 NORTH GADSDEN TALLAHASSEE FL 32303				
					3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 04/17/1996
		├─ <b>┐</b>	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	#, etc.	Suite, Apt #, etc.			59-3040041	Not Applicable
		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	7		6. Election Campaign Financing	\$5.00 May Be
23	Country	28			Trust Fund Contribution	Added to Fees
Zip 24	25 Country	Zip	Coun		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes \(\bigcap\) No	
24]	9. Name and Address of Curr	29 ent Registered Agent	[30]		Florida Statutes  10. Name and Address of New Reg	
SIA	MPSON, LARRY D.			81 Name	To the total and	Jose Cod Agoni
1102 NORTH GADSDEN ST.			ļ.	B2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32303				tarios (F.O. Dox Hornos) is not neceptary	
			[	83		
			1	34 City		FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida. Such change was inations of Section 607.0505, F	tes, the ab- authorized	ove-named co by the corpor	orporation submits this statement for the piration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	an ramma with and accopy the con	igations of, decitor (67.0505, 11	IOHOB Statu	ies.		
	Signature, typed or printed name of registered a			Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	JUDKINS, JAMES P.	☐ DETEIE	1,1 TITL		•	☐ Change ☐ Addition
STREET ADDRESS	AAAA SIABBI ASBABBI AW		1.2 NAM	EET ADDRESS		
CITY-ST-ZIP	TALLAMACCEE EL			-S1-ZiP		
TITLE	DST	DELFIE	2.1 TITL			Change Addition
NAME	SIMPSON, LARRY D.		2.2 NAN	16		<u> </u>
STREET ADDRESS	s 1102 NORTH GADSDEN ST.		2.3 STR	E) ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2 4 CIT	Y-S1-ZIP	<u> </u>	
TITLE	D DELETE		3.1 TITL	E		Change Addition
NAME	KITCHEN, E C DEENO		3.2 NAM	IF .		
STREET ADDRESS	***************************************		3 3 S1RI	E1 ADDRESS		1
CITY-ST-ZIP TITLE	TALLAHASSEE FL D	DELETE		(-ST-ZIP		
NAME	HIGH, ROBERT K	ר ו הנינונ	4.1 TITL			☐ Change ☐ Addition
STREET ADDRESS	1102 N GADSDEN ST		4. 2 NA			
CITY-ST-ZIP	TALLAHASSEE FL			FT ADDRESS - S1 - ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM			J
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	-S1-ZIP		
TITLE		DELETE	611111			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS	,		6.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY		ed in Section 119 07(9Vi) Florida Statulos	

Insuring does not going not the exemption stated in section 119.07(3)(I), Florida Statulos. I further certify that the first annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that divier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.