FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

Principal Place 1469 N MAG SUITE F OCALA FL 3 US	BNOLIA AVE.	Mailing Address 1469 N MAGNOLIA A SUITE F OCALA FL 34475			
		U\$		3. Date incorporated or Qualified 12/20/1990	3a. Date of Last Report 01/20/1995
_ 2. Principal Pla 	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2334347	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State)	Orty & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	Florida Statutes 🔲 Yes	s 💢 No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
MCCUE	, LAWRENCE				
	E. 24TH AVENUE		82 Street Addr	ess (P.O. Box Number is Not Accepta	ole)
OCALA	FL.32670		83		
	34479		84 City		les Ze Code
11 Dusy politi	(0.1)		1. 1,	ation submits this statement for the pu	FL 85 34479
SIGNATURE	Styruture, typical or printed name of negistaries a p	nt and their application (200	S. OTE: Projetored Agent signature require		DAI
12. Title	PD OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME	MCCUE, LAWRENCE	DELETE	1 1 1 TE		Change Addition
STREET ADDRESS	2912 N.E. 24TH AVE.		1.2 NAME 1.3 STREET ADDRESS		
CHTY+ST+ZIP	OCALA FL		1.4 CITY - ST-ZIP		
] 'LF	SD	DELETE	2 131114		Cnange Addition
NAME	MCCUE, VICTORIA N.		2.2 NAME		
STREET ADDRESS	2912 N.E. 24TH AVE.		2.3 STREET ADDRESS		
COLY ST-ZIP	OCALA FL		2.4 CI*Y - ST - ZIP		
)TILE NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CRY-ST-7IP			3.3 STREET ADDRESS		
HTLE		DELETE	3 4 CHY ST - ZIP		Change Addition
NAME			4.2 NAME		_ o large _ Nadilon
STREET ADDRESS			4.3 STHEET ADDRESS		
JIY-SI-ZP			4.4 CHTY - \$1 - ZIP		
310		☐ DELFTE	5 1 THLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
Dity - ST - ZIP			5 3 STREET ADDRESS		
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IAME		_	6.2 NAME		E change E Modition
STREET ADDRESS			6.3 STREET ADDRESS		
City-St ZiP	///	.=	6.4 CHY - ST - ZIP		
oath: triat L		tration or the booker or trusts	ua: report is true and accurat	or the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, Fi	
SIGNAT		REPRINTED NAME OF SIGNING OFFICE	H OR DIRECTOR	14/8/96	352-629-0273