## 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 # S52198

(6)

JOHNSON AND BUSSEY, P.A.

**FILED** 

Apr 18 1997 8:00am

Secretary of State

21   Suite, Apt   22   City & State 23   Zip	ON ST R 32801 liace of Business #, etc	105 E ROBINSON ST FOURTH FLOOR ORLANDO FL 32801-185 US  2a. Mailing Address 26  Suite, Apt. #, etc. 27  City & State 28  Zip	Countr	у	3. Date Incorporated or Qualified 06/03/1991 4. FEI Number 59-3063939 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for	\$8.75 Fee \$5.0 Adde intangible tax under	Applied For Not Applicable 5 Additional Required W May Be dd to Fees
24	25   9. Name and Address of Curr	29  ont Registered Agent	30	······································	Florida Statutes  10. Name and Address of New Re	Yes No glatered Agent	
105 4TH	SEY III, JOHN W. E ROBINSON ST FLOOR ANDO FL 32801		8: 8: 8:	Street Add	ress (P.O. Box Number is Not Acceptat		ip Code
SIGNATURE	to the provisions of Sections 607.08 egistered agent, or both, in the Sta in familiar with, and accept the oblinations, byte or protections of registered a				poration submits this statement for the partion's board of directors. I hereby accepted when reinstains	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THEE NAME STREET ADORESS CHY-ST-ZIP THEE	JOHNSON, JON E 1290 FEDERAL HWY ROCKLEDGE FL P	DELETE	1.4 CITY - 2.1 YITLE	T ADDRESS ST-ZIP		☐ Chang	
NAME STREET ADDRESS CHY-ST-ZIP TULE	BUSSEY, JOHN W III 105 E ROBINSON ST ORLANDO FL	DELETE	2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE	T ADDRESS		☐ Chang	je 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE	T ADDRESS		☐ Chang	e Addition
NAME STHEET ASIGNESS CITY: ST: ZIP		· ·	4, 2 NAM	T ADDRESS			
TIFLE NAME STREET ADDRESS OFY - SE- ZP		OFLETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS		☐ Chang	e Addition
THRE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		Chang	e Addition

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.

SIGNATURE:

W. B. May MTE John Will Bliddey 111

14 Apr 97 407-423-7287

Daytime Phone #

0083523