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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

43396 4182

DOCUMENT #
1. Corporation Name S O S ENTERPRISES OF MARION COUNTY, INC.

Principal Place of Business



2204 N.E. 10							
OCALA FL 3		2204 N.E. 10TH STR OCALA FL 34470	EET				
				-	3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 01/26/1995	
 Principal Pla 	ace of Business	2a. Mailing Address			4. FEI Number 59-3078196	Applied Not Ap	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additi	ional
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	Be
Zip 24	Country 25	Ζ ₁ ρ 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.03	
	Name and Address of Curre	nt Registered Agent		L	0. Name and Address of New R		
			81	Name			
sante,	PATRICK D.		82	2	(O.O. Pr. N.)		
2204 N.	E. 10TH STREET		62	Street Address	(P.O. Box Number is Not Acceptable	(e)	
OCALA	FL 34470		83				
			-				
				City		85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.050 and agent, or both, in the State of Flor	2 and 607.1508. Florida Statu	tes, the above man	ned comorator	1 Submits this statement for the over	TL	da#-
or registere familiar with	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was authori,	zed by the corpora	ation's board of	drectors. Thereby accept the appo	intment as registered agent.	u office Lam
SIGNATURE	are description of galaxies of dece	non bor axioo, monda otatute	۵.				
SIGNATURE _	Signature, typed or profind han eight registered ager	it and the mapph, at least one of the	O't Fredistried April 8	mal no restanced when	torostate v	DATE	
12.	OFFICERS AN	ID DIRECTORS		3 are actively to collective to			
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	PD	DELETE	13. 1 1 TIFLE		ADDITIONS/CHANGES TO OFFIC		
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tental annual report is true and accurate and that my signature shar have the same legal effect as it made unde or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name oath, that I am an officer or cappears in Block 12 or Block

SIGNATURE: 7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR