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

DOCUI 1. Corporation GLAY-JA		4 (2)							
Principal Place of Business Mailing Address 2100 SE 17TH ST 2100 SE 17TH ST SUITE 300 SUITE 300 OCALA FL 32671-4181 OCALA FL 34471-4155						 1919 1919	BISII BIBII	1/8/1 /88 1	
t					3. Date incorporated or Qualified 07/18/1991	3a, Date (of Last Re 1996	eport]
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	1
21		26		·-···	59-3074399			t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		68.75 A	Additional equired	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zıp	Count	ry	8. This corporation has liability for			199.032,	1
24	25	29	30			Yes 🙀			
	g. Name and Address of Curre	ent Registered Agent		4 4	10. Name and Address of New Re	gistered Age	int		4
	MBERT, BEVERLY A.		8	1 Name					
% PATTILLO & MCKEEVER PA				2 Street Add	dress (P.O. Box Number is Not Acceptal	ole)			1
2100 SE 17TH ST SUITE 300 OCALA FL 34471~4181				3					-
00,	ADARL 3441127	101	ľ	3					ı
			8	4 City		FL	35 Zip (Code	٦
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the abo	ve-named co	rporation submits this statement for the		anoing it	s registered	┨
office or r agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, F	authorized l lorida Statut	by the corpores.	rporation submits this statement for the pation's board of directors. I hereby acce	pt the appoint	ment as	registered	
SIGNATURE	·								ł
	Signatural typed or provincial same of registered a			gent signature req	ulred when reinstating)	DATE			به إ
12.	OFFICERS A	ND DIRECTORS DELETE	13.	·····	ADDITIONS/CHANGES TO OFFI		RECTOR Change	IS IN 12 Addition	- 2
TITLE NAME	LEPLEY, JAMES H.	[] OCLUIC	1.1 TITLE 1.2 NAM			i .	Criange	L Adottons	15
STREET ADDRESS	427 SOUTH BOSTON			ET ADDRESS					18
1	TULSA OK		1	·					Ş
CHY-ST-7IP TITLE	VDC	DELETE	1.4 CiTY 2.1 Ti7LE				Change	Addition	48
NAME	LEPLEY, GLADYS T.	CJ Vicini	2.2 NAM	ì		نب	2.14.18V	time , monitori	1
STREET ADDRESS	427 SOUTH BOSTON			ET ADDRESS	5				
CITY+S1-ZIP	TULSA OK		2 4 City						1
THLE	V	DELETE	3.1 TITLE				Change	Addition	1
NAME	BENNETT, FRANK A.		3.2 NAM	£					
STREET ADORESS	935 HIGHWAY 21 NORTH		3.3 STRE	ET ADDRESS					
CHY-ST-ZIP	ORANGE SPRINGS FL		3.4. CITY	-ST-ZIP					
TILLE	8	☐ DELETE	4.1 TITLE				Change	Addition	7
NAME	ADKINS, EA		4.2 NAN	E					ļ
STREET ADDRESS	427 S. BOSTON		43 STRE	ET ADDRESS					1
CITY-SI-ZIP	TULSA OK		4.4 CITY			· · · · · · · · · · · · · · · · · · ·		 	1
TITLE		DELETE	5.1 TITLE			L	Change	Addition	
NAME			5.2 NAM						
STHEL: ADDRESS				ET ADDRESS					
C≠TY - ST - 7iP		D Dr. CTP	5.4 CITY			· · · · · · · · · · · · · · · · · · ·	Charte	1000-	4
TITLÉ		☐ DELETE	6.1 TATLE	:		L	Change	Addition	1

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 attorned to the corporation of the corporation of the receiver of 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 attorned to the corporation of the corpora

63 STREET ADDRESS 64 CITY-ST-ZIP

STREET ADDRESS

FILED

Apr 29 1997 8:00am

Secretary of State