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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	STATE OF	DIVISION OF	CORPORATION	DNS			
DOCUN 1. Corporation BIG CA	MENT # Name ANOE, INC.	S74709	(4)	money or the second of the second				
Principal Place	of Business	Mat	ling Address	r		- I FEBRUARI III IRBA DIDA TERRE	PA 1911 BIBLI DIBIR	. 01014 41811 01414 01011 1601
P. O. BOX 727 Crestview Fl 32536-0727			P. O. BOX 727 Crestview Fl. 32536-0727					
						3. Date Incorporated or Qualified		of Last Report
2. Principal Place of Business			2a. Mailing Address			08/19/1991 4. FEI Number	05	/01/1995
21 Principal Pla	ce or susmess	26	Maiing Address			59-3163400		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional
22			27			5. Certificate of Status Desired		Fee Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Co.	intry	Zφ	Country		8. This corporation has liability for		
24	25	29		30		Florida Statutes		
	y, Name and Ad	dress of Current Regist	ered Agent	81	Name	10. Name and Address of New I	legistered A	jent
CADENI	HEAD, CHRIS							
420 EAST PINE STREET				82	Street Addi	ress (P.O. Box Number is Not Acceptal	o e)	
CRESTVIEW FL 32536			83					
				84	City			85 Zip Code
44 65			Mean terminate		1		FL	
or registere	ed agent, or both, in:	the State of Florida, Such-	change was authorize	is, the above a d by the corp	named corpoi ioration's boa	ration submits this statement for the purific of directors. Thereby accept the app	rbose of chan pointment as re	ging its registered office egistered agent I am
	n, and accept the ob	oligations of, Section 607.0	505, Florda Statutes.					
SIGNATURE _	Signature i typied or pented o	Ame of reger nebudger fland the maj	picats (N)	IE Begiste of Age	1 signature require	el where remotatorign	DA!E	
12.		OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OF		
TITLE	PVST	DOE DANA D	DECE TE	1 ' TITLE		V CHRIC CARRYINA		Change Addition
NAME STREET ADDRESS	HARRIS, GEO 420 E. PINE S			1.2 NAME 1.3 STREET	- KONDOCC	CHRIS CADENHEAD		
CHTY-ST-ZIP	CRESTVIEW F			1.4 CITY 5		420 E. PINE STREET	.	
TITLE	O.E.O.T.E.T.	<u> </u>	DELETE	2 : 1litte	51 - 21	CRESTVIEW, FL 32539		Change Addition
NAME				2.2 NAMÉ			_	, <u>.</u>
STREET ADDRESS				2.3 STREET	ADDRESS			
CHY+ST-ZIP				2.4 CITY - 9	S - ZIP		•	
THILE			☐ DELETE	3 ! TITLE				Change Addition
NAME				3.2 NAME				
STREET ADDRESS City+ST-ZIP					T ADDRESS			
TITLE			DELETE	3.4 CITY - 9 4. 1 TIPLE	5. · 514,			Change Addition
NAME				4.2 NAME			لـــا	Sittings [] Madellan
STREET ADDRESS				4.3 STHEET	ADDRESS	5000018	4062	25
City-St-ZiP				4.4 Cify - 9	55 - 262	5000018· -05/28/9601	33000/	6
TITLE			DELETE	5 + HITLE		***600.00		Change Addition
NAME				5.2 NAME				,
STREET ADDRESS				5.3 STHEE	ŀ			_
CITY-ST-ZIP			ED DOLETE	5.4 CITY - 9	31 - 7IP			
TITLE NAME			DELETE	6 3 TITLE			L.J	Charles Addition
STREET ADDRESS				6.3 STREET	ADDRESS		2	377
CITY-ST-ZIP				6.4 CITY - 9			\mathcal{G}	(N)
	certify that the infor	mation supplied with this f	ling is voluntarily furni			or the exemption stated in Section 119	J. 37(3)(k), Florid	da Statutes I further

Too hardly certify that the information supplied with this larget systematical and describe the exampleon state in Section 1.19, 7/5/kg, monact statutes in branch certify that the information indicated on this annual report or supplemental annual report is true and abcurate 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 3 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TO POP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF CORNER DANA DOOLE HARRIS, PRESIDENT

4-24-56 904-682-2990