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 # \$75342

(3)

MCCULLY & MCCULLY, P.A.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Prace of Business 275 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS FL 32714		Mailing Address PO BOX 160301 ALTAMONTE SPRINGS FL 32716-0301 US) (48 iin)4 (11 1966) Birda tiid bibra iist bibit avan 2191 Bibit bibit bibit	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26		·	59-3077485	Not Applicable
Suite, Apt.	# etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	lo	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Zip	Gountry	Zip	Cou	untry	8. This corporation has liability for in	tangible tax under s. 199.032,
4	25	29	30			Yes 💹 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent
	CULLY, WILLIAM EDWARD			81 Nam	е	
275 ROLLINGWOOD TRAIL				82 Street Address (P.O. Box Number is Not Acceptable)		
ALTAMONTE SPRINGS FL 32714				83		<u> </u>
				84 City		FL 85 Zip Code
SIGNATURE	Signature, type-Lor pended name of region of an OFFICERS AF	per and ottent applicable (N ND DIRECTORS	IOTE: Registere	ed Agent signat	ure required when reinstalling) ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1.11	1TLE	President and Treasu	Change Addition
NAME	WILLIAM E. MCCULLY		1.2 N	IAME	William E. McCully 295 Rollingwood Trail	Land Director
STREET ADDRESS	275 ROLLINGWOOD TRAIL		1.3 \$	TREET ADDRESS	215 Rolling wood wall	C - · · ·
CITY - ST - ZIP	ALTAMONTE SPRINGS FL			ITY-ST-ZIP	Altamonte Springs, Vice-President, Treusurer El	H 32714
TITE F		☐ DELETE	217		Vice-President, Treasurer El). vector L_I Change Addition
NAME			22 N	iame Treet adores	Bryan T. McCully 275 Rollingwood Trai	1
STREET ADDRESS				otkeet addines City-St-Zip	Alla	G 27014
CITY - ST - ZIP TITLE		DELETE	311		Attamonte Springs,	Change Additi
NAME			32 N			
STREET ADDRESS				TREET ADDRES	s	
CITY - ST - ZIP			34.0	CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 T	ITLE		Change Additi
NAME			4 2 1	NAME		
STREET ADDRESS				TREET ADDRES	s	
CITY - ST - ZIF! TITLE		DELETE	440 5.1 T	HTY-ST-ZIP		Change Addition
NAME		pricit		AME	1	C oversão C voque
STREET ADORESS				STREET ADDRES	s	
CITY - ST - 7IP				CITY - ST - ZIP		
TITLE		DELETE	6.1 T			Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 \$	STREET ADDRES	s	
CITY OF 7:0			0.40	HTM OT THE		

14. I do hereby certily 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 frue 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:

BRYAN T. MCCULLY 1/7/97 (407)862-2094