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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S76013

FILED
Apr 25 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1552 BRICKYARD RD CHPLEY FL 32428 1552 BRICKYARD RD CHIPLEY FL 32428-5951											
US			US					3. Date Incorporated or Qualified 08/23/1991	1	ate of Last I	•
2. Principal Place of Business			2a.	2a. Mailing Address						pplied For	
11			26	- 			59-3082583				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		+-	Additional lequired	
City & State			27	City & State				E. Flaction Comparing Figureing			May Be
	•		<u></u> ⊢-₁	Only & Oldio				Election Campaign Financing Trust Fund Contribution			l to Fees
Zip		Country		28				B. This corporation has liability for intangible tax under s.			
4		25	29	•	30	,		Florida Statutes Yes \(\sum \text{No} \)			
	9, Name	and Address of Co		ered Agent		·		10. Name and Address of New Re	gistered	Agent	
REG	ISTER, EL	IA				81	Name				
1552	BRICKYA	ARD RD					Street Ad	Idress (P.O. Box Number is Not Accepta	ble)		
CHIE	PLEY FL 3	2428									
						83					
					ŀ	84	City		P=1	85 Zip	Code
									Fl	-	
11. Pursuant t office or re agent. I ar	o the provis ogistered ag m familiar w	sions of Sections 60i gent, or both, in the l ith, and accept the (State of Floridi Obligations of,	07.1508, Florida Stat a. Such change was . Section 607.0505, I	s aulhorized Florida Stati	d by utes.	the corpor	ration's board of directors. I hereby acce	pt the ap	pointment a	5 Togistoroto
SIGNATURE		d or printed name of register		Lappicable. (N				orporation submits this statement for the ration's board of directors. I hereby acce quired when reliestating. ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	Signature, typed	d or printed name of register	ed agent and title if	Lappicable. (N	O1L: Registered	Agen		quired when reinstating)	DATE		RS IN 12
SIGNATURE .	Signature, typed	d or printed name of register OFFICERS	ed agent and title if	Lappicable. (N	O1L Registered	Ager Lf		quired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed PD REGISTE	d or printed name of register	ed agent and title if	Lappicable. (N	01L Registered 13. 1.1 7/1	Agen LE ME		quired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE :	Signature, typed PD REGISTE	OFFICERS OFFICERS ER, ELLA INCKYARD RD	ed agent and title if	Lappicable. (NI TORS DELETE	01L Registered 13. 1.1 7/1	Ager LE ME	nt signature rec	quired when reinstating)	DATE	ID DIRECTO	RS IN 12
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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 oall 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 13 if changed, or on an attachment with an address.