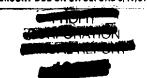
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





TILORIDA DEPARIPIENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)S76951

DOCUMENT # GILBERT P. MACPHERSON, P.A.

1822 DREW ST. SUITE 8

**CLEARWATER FL 34625** 

1822 DREW ST. SUITE B

**CLEARWATER FL 34625** 

2.	Principal Place of Busi	ness	2a.	. Mailing Addres	:s
21			26		
	Suite, Apt. #, etc.			Suite, Apt. #, e	tc.
22			27		
	City & State			City & State	
23		,	28		and a second
	Zip	Country	1.	Zip	Country
24		25	29		[30]
	9, Name	and Address of Cu	rrent Rogis	tered Agent	

JENNINGS, WILLIAM L. 1822 DREW ST. SUITE 8 **CLEARWATER FL 34625** 

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME &

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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۱. ا	ursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-n	arned corporation submits this statement for the purpo	se of changing its registered
1	<b>office or registered agent, or</b> both, in the State of Florida. Such change was authorized by th	ic corporation's board of directors. I hereby accept the	appointment as registered
	agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.		

SIGNATURE	Signature, typica or printed nerve of registered agent and tole if applicable (NOTL A	ingistured Agent a griature	e required when roinstating)
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND
TITLE	D DELFTE	1.1 3HLE	
NAME	MACPHERSON, GILBERT P.	1.2 NAME	
STREET ADDRESS	26 SUNSET BAY DR.	1.3 STREET ADDRESS	500002374
CITY-ST-ZIP	BELLEAIR FL	1.4 City - \$1 - ZiF	-12/16/970
TITLE	□ DC(LLE	2.1 10111	****750.00 <sup>-1</sup>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	

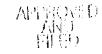
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	ala SINCEL ADUL
	3.4 CHY-ST-7H
□ DELETE	411011
	4. 2 NAME

	4.3 STRELT ADDRESS
	4.4 CHY - S1 - ZIP
) DELETE	51 INLF
	E O MAME

	53 STREET ADDRE
	5.4 CITY-ST-7/P
☐ DELETE	61 HH.I

6111111
6.2 NAME
63 STREET ADDRE



97 DEC 11 AM 11:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE	IN THIS	SISPACE
<ol> <li>Date Incorporated or Qualified 08/27/1991</li> </ol>		Date of Last Report 1/25/1996
4. FET Number 59-3080475		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
This corporation owes or has particular Property Tax due June     Name and Address of New Re-	30.	Yes No

		0. Name					gent		
Namo									
Street /	Address	(P.O. Box	Number	is Not A	oceptable	;}			
City							85 2	Zip Code	

ERS AND DIRECTORS IN 12 Addition Change

Change Additio		ANALON LONG CON	
	<u>-</u>		Change Addition

 Change	Addition
 Change	Addition

^ **		
Dille	MU Change	7,220
1011	ag-	L_1 Woollion

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 Statules. 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 eath; 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 Statules; and that my name appears in Block 12 or Block 13 if