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

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Outside (ACM)

Secretary of State
DIVISION OF CORPORATIONS

1996			DIVISION OF	CORPORATIONS		
1, Corporation		S83677	` '			
GUINN	I HASKINS &	ASSOCIATES, I	NC.		1 13 6 7 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Ar 40 di 460ay 0x201 0x04 0x80 exdin 4x0ay 180:
Principal Place	of Business		Mailing Address			
PO BOX 507	PO BOX 507					
	FL 32362-0507		PO BOX 507 WOODVILLE FL 323624	0607		
US	a de, and also and and also states the add to be a fine of the		US		3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 06/09/1995
2. Principal Pla	ace of Business		2a, Mailing Address 26		4. FEI Number 59-3094555	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22	,,		27		5. Certificate of Status Desireu	Fee Required
City & State)	į.	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip		Country	Zip	Country	8. This corporation has liability for	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
24	25		29	30		S □No
	g, Name and	Address of Current R	legistered Agent	81 Name	10. Name and Address of New F	Registered Agent
HAGKIN	IS, GUINN	na aha	nas in physi		Same	
	35, BOX 5680	110 610	nge in physicos an ch	82 Street A	ddress (P.O. Box Number is Not Acceptated Box Milks R	
	ILLER ROAD)	Qoore	sos an chi	83		1-10-10-10-10-10-10-10-10-10-10-10-10-10
TALLAH	ASSEE FL 323	10		84 City C		85 Zip Code
M. Chungaph	the experience of	Castlena 607 0500 an	d 607 4600 Florido Plat do	the shall be presented as	rawforduille	FL I lana la G
of register	ed agent, or both,	in the State of Florida.	Such change was authorize	d by the dorporation is t	poration submits this statement for the published directors. I hereby accept the app	rpose of changing its registered office icintment as registered agent. I am
	in, and accept the		607,0905, florida Statutes.	X (- 1)		4-29-96
SIGNATURE	Signature, typica or prest	HASKINS id name of registered agont and	tile rappleaded NOT	· · · · · · · · · · · · · · · · · · ·	quired wher reinstating)	DATE
12. TITLE	PT	OFFICERS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	HASKINS, G	UINN			LADY HASKINS	Change 14 Radiilon
STREET ADDRESS	RT. 35, BO			1.3 STREET ADDRESS	414 Bob Miller Rd	
CITY - ST - ZIP	TALLAHASS	ee fl		1.4 CITY-ST-ZIP		32334
TITLE	VS		☐ DEFEIE	2 1 TITLE	PRESIDENT	Change Addition
NAME	JACKMAN,			2.2 NAME	GUINN HASKINS	
STREET ADDRESS - OUTVEST- ZiP	P.O. BOX 1 WOODVILLE			2.3 STREET ADDRESS 2.4 CHY- ST- ZIP	414 Bob Miller Rd	20201
-1100	WOODVILLE	· 1 b	DEFELE	3 1 TITLE	Crawforduille FL	323 26 Change Addition
NAME				3.2 NAME	•	
STREET ADDRESS				3.3. STHEET ADDRESS		
CiTY-ST-ZIP			· [] DELETE	3.4 CITY - \$1 - 7)P	·	Change Fil Addition
TITLE NAME			Direction	4. 1 TOLE 4.2 NAME		Change Addition
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-S1-ZIP				4.4 CITY - ST - ZIP		
TITLE		MATERIAL PROPERTY AND THE PROPERTY OF THE PROP	DELETE	5. 1 TITLE	200018: -05/22/9601) ***200.00	2 Addition
NAME				5.2 NAME	***200 00	.13==023
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	5.4 CHY+S1-ZIP 6.1 THLE		Change Addition
NAME			_ cere	6.2 NAME		4/
STREET ADDRESS				6.3 STREET ADDRESS		7,7
CITY-ST-ZIP			***************************************	6.4 CITY- \$1-7IP	The state of the s	5 '
L 44 Lele borob	a comification that in	formation remained with	ethia filian ia valuntarily furnic	dual agab bag baile	ify for the everyption stated in Section 110	D7/3)/k) Florida Statutes I further

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier/rental 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 directof of the corporation or the receiver or trustee enjoywered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SUMMING OFFICER OR DIRECTOR

429-421-3780

Daytime Phone #