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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V06748

(0)

DOCUMENT #
1. Corporation Name

FLORI Principal Place	of Business	Maling Addres							
3520 MENE) PENSACOLA		3520 MENE) PENSACOLA							
						3. Date Incorporated or Qualified 01/14/1992	3a. Date	of Last R	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For				
21		26				NOT APPLICABLE Not Applicable			
Suite, Apt.	#, etc.	h1	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
22 City & State		· · · + + · ·	City & State			ree required			
City & State)	F-1 ¹	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	tangible ta		
24	25	2:9	30			Florida Statutes			
	9. Name and Address of Curren	t Registered Agen	t			10. Name and Address of New Re	egistered A	gent	
				81	Name				
MOORE, GINGER M.					Street Addr	ess (P.O. Box Number is Not Acceptabl	e)		
	IENENDEZ OR			92					
PENSA	COLA FL 32503			83					
				84	City		FL	85 Zi	p Code
SIGNATURE	Signature typed of wited name of registered agent OF FICERS ANE	D DIRECTORS	(NOTE: Flog ster	ed Ager	nt signature required	d whon reinstating) ADDITIONS/CHANGES TO OFFI	<u>-</u>		
TITLE	D NOODE ONOED H	D		TITLE			L	Change	Addition
NAME	MOORE, GINGER M 3520 MENENDEZ DR			NAME					
STREET ADDRESS	PENSACOLA FL				ADDRESS				
CITY-ST-ZIP TITLE	I LITONOVEN I L			CHTY-S TITLE	SI · ZIP		r] Change	Addition
NAME		ш [,]		NAME			L.	e"	
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DITY-ST-ZIP				CITY-S					
TITLE				TITLE			Ĺ	Change	Addition
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STREET ADDRESS			3.3	STREE	1 ADDRESS				
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TITLE				TITLE			Ĺ] Change	☐ Add₁tion
NAME				NAME	1.1000500				
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CITY-ST-ZIP TITLE			.		· ·				
NAME	1	<u> </u>		DITY-S	ST-ZIP		r	1 Change	☐ Addition
STREET ADDRESS			ELETE 5.	CITY-S	ST-ZIP		[] Change	☐ Addition
ainet i ADDUESS		D	ELETE 5.	CITY-S 1 TITLE NAME	ST-ZIP		[.] Change	☐ Addition
CITY - ST - 71P			ELETE 5 62 53	DITY-S TITLE NAME STREET	ST-ZIP		[.] Change	Addition
CITY-ST-ZIP TITLE			ELETE 5.1 52 53 54	CITY-S 1 TITLE NAME	ST-ZIP		<u>-</u>	Change	Addition
			ELETE 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	CITY-S TITLE NAME STREET	ST-ZIP		<u>-</u>	-	

6.4 CITY - ST - ZIP

CITY-ST-ZIP

14. 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 all sannual report or supplemental 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 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Dat