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.)

PROFIT CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

				Søcreta DIVISION OF	ary of State CORPORA		NS	Secretary of State				
	MENT # LEER CORP		5	(6)								
Principal Place	of Business	<u>-</u>	Mail	ing Address				{		FIELD BARRIER BARRIER		
9742 SW 7 ST OCALA FL 34474 US				3101 SW 34 AVE STE 905-448 OCALA FL 34474 US								
								<u>'</u>			nte of Last Report	
2. Principal Pl	ace of Business	1971	2a. 1	Mailing Address				01/29/1992 4. FEI Number		08/06/	_ _Q&& Ab	plied For
21 3101	S.W. 34	1TH AVE	26					59-3108353				t Applicable
Suite, Apt.	TR 405	-448	27	Suite, Apt. #, etc.				5. Certificate of Status Desire	d	□ \$	8.75 A Fee Re	Additional equired
City & State	ALA, 1	LOUDA	28	City & State				6. Election Campaign Finance Trust Fund Contribution			Added t	
Zip 344	74 25	Country LIS Address of Curr	29	rod Aroni	30 Cour	ntry 		This corporation owes or hereonal Property Tax due Name and Address of No.	June 3	30. 🔲 Ye	es [angible No
DIM	····	Audiess of Coll	aur Mañista	eo Ageill		81	Name	TU. Name and Address of M	м пев	Istered Agei		
	IDY, DENNIS 1 SW 34 AVE					B2	Chart Ad	Idress (P.O. Box Number is Not Acc		-\		
S905-448						62	Sireer Au	raress (F.O. Box Number is not Acc	ертари	u)		
OCA	LA FL 34474					83						
						84	City			FL 85	Zip C	Code
SIGNATURE		of Sections 607.0 or both, in the Stand accept the ob-						orporation submits this statement for ration's board of directors. I hereby	the pu accept	ripose of cha the appointr	nging its nent as	s registered registered
12.	anginatore: cylino or prin	OFFICERS A			13.		III Bigriano e rec	ADDITIONS/CHANGES TO	OFFICE		RECTOR	S IN 12
TITLE	PD			☐ DELF1E	1.1 1171	ιF					Change	Addition
NAME	BUNDY, DEN				1.2 NAI	ME	-					
STREET ADDRESS		TH AVE \$905-4	48				ADDRESS					l
CITY-ST-ZIP	OCALA FL			DELETE	1.4 C/T 2.1 T/T		T - 71P				Change	Addition
NAME					2.2 NAI		1				onungo	E.J Hosinon
STREET ADDRESS							ADDRESS					İ
CITY-ST-ZIP					2 4 01	IY-S	T-ZIP					
TITLE				☐ DETELE	3,1 1(1)						Change	☐ Addition
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CITY-ST-ZIP TITLE				DELETE	41]]]		1-21				Change	Addition
NAME					4. 2 NA		İ					
STREET ADDRESS					4.3 STF	REET .	ADDRESS					ļ
CITY-ST-ZIP				72-20-20-20-20-20-20-20-20-20-20-20-20-20	4.4 CIT		I-ZIP				<u> </u>	_ _
TITLE				☐ DELETE	5.11(1)					<u> </u>	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					5.4 CIT		ADDRESS 1-71P					
TITLE				DELETE	6.1 TITI		411				Change	☐ Addition
NAME					6.2 NAI						-	
STREET ADDRESS							ADDRESS	•				
CITY-ST-7IP					A 64 CIT	Y-81	1.78P					

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 Statutes. I 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 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 in attachment with maddress.

FILED

Sep 03 1997 8:00am