FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997					NS	Secretary of State				
	MENT # \ n Name MANUFACTUI		(4)					11811 118 11 11811	TATAL BIRIK T	11 8 4 1 3 81	
Demograt Filt o	o aff) pigons		Mailing Address								
Pancipal Place of Business 1031 KATHLEEN RD LAKELAND FL 33805			P O BOX 2768 LAKELAND FL 33806-2768 US								
	Annual Section Communication				<u>-</u> -	19-19-19-19-19-19-19-19-19-19-19-19-19-1	3. Date Incorporated or Qualified 02/03/1992	3a. Date 04/22/	1996		
·	lace of Business	45 Page 10	2a. Mailing Address 26				4. FEI Number 59-3102312			oplied For ot Applicable	
Suite, Apt	U.S. Hwy #, etc	74 East	Suite, Apt. #, etc.	···			Certificate of Status Desired		\$8.75 A	Additional	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Lake. Ζφ	land, FL	ountry	28 Zip	Co	untry		Trust Fund Contribution 8. This corporation has liability for	intennible te	Added t		
24 33801	·	Polk	29	30	,			Yes		199,002,	
	9. Name and A	ddress of Current R	egistered Agent		81	Name	10. Name and Address of New Re	gistered Ag	int		
MARTIN, E. SNOW JR 200 LAKE MORTON DR LAKELAND FL 33802					82 83	Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
					84	City		FL	85 Zip (Code	
11. Pursuant office or r agent La SIGNATURE		Sections 607 0502 a both, in the State of Laccept the obligatio					poration submits this statement for the pation's board of directors. I hereby acceptives when reinstaling.	purpose of crotten appoint	anging its	s registered registered	
12.	Signature, (great or printer	OFFICERS AND D		13.	io videi	ii signature requ	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12	
MILE	D		☐ DELETE	1.1 T	ITLE				Change	Addition	
NAMÉ	DALTON, O. D			1,2 N	AME					[7	
STREET ADDRESS	403 MIRAMAR (OR.		1.3 \$	TREET	address ([6	
CHTY - S.1 - ZIP	LAKELAND FL		1 1		ny st	- ZIP			1 8.		
1111.6			DELETE	2.1 T				L_] Change	Addition	
NAME CAUCLY ADDISESSES				2.2 N		ADDRESS				1	
STREE* ADDRESS OFF-SE-7IP					CITY-S						
TITLE			DELETE	3.1 1					Change	Addition	
NAME				3.2 N	AME						
STREET ADDRESS	ĺ			3.3 S	TREET	address				1	
CHTY ST-ZIP		***************************************		3 4. (CITY-S	T-ZIP					
TILE			☐ DELETE	4.1 T				l	Change	Addition	
NAME					NAME					}	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP Tifl(E			DELETE	5.1 T	ITY-ST	- (IF			Change	Addition	
NAMÉ			board error to	5.2 N				·	, 290		
STREET ADORESS						ADDRESS .				l	
Caty - \$1 - 26°					HY-ST						
THIE			DELETE	6.1 T	***************************************				Change	Addition	
NAME	J			6.2 8	IAME						
STREET ADDRESS				6.3 S	TREET	ADDRESS				[

64 City-\$1-ZiP

14. 1 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 reporter supplemental angral 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 of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chaptered, or on an execution of the corporation of the corp

SIGNATURE:

MEQUIFIED OSCAI D. Dallen III 4-11-97

FILED

Apr 25 1997 8:00am