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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | 100 | §/ | DIVISION OF CORPOR | | PRATIONS | | | | | | | |
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| DOCUN 1. Corporation | MENT # | V2984 | 8 | (1) | | | | | | | | | |
| • • • • | | . SERVICES, IN | NC. | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Principal Place | of Business | | Mailing . | Address | | ·• <u></u> | | | EURIA UDUD ID | | | | |
| 1820 NE 21 | ND ST. | | 182 | O NE 2ND ST. | | | | | | | | | |
| GAINESVILI | E FL 32609 | | | NESVILLE FL 320 | 50 9 | | | | | • | | | |
| | | | | | | | | 3. Date Incorp 04/21 | orated or Qu /1992 | ualified | 3a. Da | te of Last F 04/17/ | • |
| . Principal Pla 1 | ce of Business | | $\overline{}$ | ng Address | | | | 4. FEI Number | | | | | Applied For |
| Suite, Apt. # | . elc | | 26 Suitz | e, Apt. #, etc. | | | | 593 | 169463 | | | | Not Applicable |
| | , 0.0. | | 27 | 5, 740t. # ₁ 6t0. | | | | 5. Certificate of | of Status Des | sired | | | 5 Additional Required |
| City & State | | | City | & State | | | | 6. Election Ca Trust Fund | mpäign Finai Contribution | ncing | | \$5.0 | May Be |
| <i>Ζ</i> φ] | ⊢ ¬ | ountry | Zip | | Cou | untry | | 8. This corpora | ation has liab | oility for in | ntangible t | | |
| J | 25 A | ddress of Current | 29 Registered | Anont | 30 | | | Florida Stati | utes | X Yes | □ No | | |
| | a, mante and A | aditos of Curient | rieğistere0 | whent | | 81 | Name | 10. Name and | Address of | New Re | egistered | Agent | |
| MURPH | IY, THOMAS | | | | | | | ess (P.O. Box Num | bou in Al-1 A | | | | |
| | E 2ND ST. | | | | | 82 | Street Addre | ess (P.O. Box Num | ber is Not A | cceptabli | 0) | | |
| | SVILLE FL 32609 |) | | | | 83 | | · | | | | | |
| | | | | | | 84 | City | | | | | 85 Zi | p Code |
| | | | | | | | | | | | | UU 2. | p 0 000 |
| | | Sections 607,0502 a the State of Florida | | | | 1 1 | mod sornor | ation submits this s | tatement for eby accept t | the purp | FL pose of ch intment as | anging its registered | registered offici I agent, I am |
| familiar with | i, and accept the o | The State of Florida bligations of, Section | n 607,0505, d tile ir applicabi | ge was authorize Florida Statutes. | E: Registered | ove-nar corpor | med corpora ation's board | d of directors. I her | eby accept f | the appo | DOSE OF CH intment as | s registered | l agent. I am |
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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