

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

AMENDING 1997 REPORT

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V37020

1. Corporation Name

PUNSON, Inc

Principal Place of Business

14 W WOLF ST.
AVON PARK, FL 33825

Mailing Address

14 W WOLF ST.
AVON PARK, FL 33825

FILED

97 OCT 22 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5/19/92	1997
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		59-3127147	Not Applicable
25 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				☒ Yes ☐ No	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				☐ Yes ☒ No	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CURTIS NELSON 14 W WOLF ST. AVON PARK, FL 33825				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	CURTIS NELSON
CITY-ST-ZIP		1.4 CITY-ST-ZIP	14 W WOLF ST. AVON PARK, FL 33825
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	VICE PRESIDENT / SECRETARY
STREET ADDRESS		2.3 STREET ADDRESS	TERRY PORTIS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	P.O. Box 301 N/A AVON PARK, FL 33825
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/97 941-452-2031

Date

Daytime Phone #

CR2E034 (9/96)