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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996		DIVISIO	N OF CORPORATIONS			
DOCL	MENT # <b>V546</b>	48 (3	)			
1. Corporatii	on Name   Damron's Undercove	•	,			
	DAMINON O ONDERCOVE	n unassis, inu.		t tället Aljöäl Athic dedig allin olor	år tåll blött årdet brok f	<b>                                    </b>
Principal Plac	pe of Business	MA in a Antal and				
1295 W. HWY 50		Making Address		A STATE OF THE STA	ir sace meast Asets Athil A	1401 A101 A4013 1861
CLERMONT FL 34711		1295 W. HWY 50 CLERMONT FL 34711				
US		US				
				3. Date Incorporated or Qualified 08/03/1992	3a. Date of Last 05/01/1	•
2. Principal F	Place of Business	2a. Mailing Address	0	4. f El Number	00/01/	Applied For
Suite, Apt.	# etc	26 500 10		59-3137201		Not Applicable
22		Suite, Apt. #, etc	<b>&gt;</b> ,	5. Certificate of Status Desired		75 Additional
City & Stat	te	Oity & State		6. Election Campaign Financing	Fe	e Required
23		28		Trust Fund Contribution		.00 May Be ded to Fees
Zip <b>24</b>	Country 25	Zφ	Country	8. This corporation has liability for it	ntangible tax under	s 199.032,
	9. Name and Address of Curre	29 29 Agent	[30]	Florida Statutes Yes	<b>⊠</b> No	
			81 Nane	10. Name and Address of New R	egistered Agent	
	an, ultima d		82 Street Ado	JYW.		
	ROBINSON ST		62 Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
SUITE			83		<del></del>	
UNLAN	DO FL 32801		84 City		<b>—.</b> 85	Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Floring St.	The lates the set of t	ration submits this statement for the purp	FL   T	,
or register familiar wi	red agent, or both, in the State of Flor ith and agreet the obligations of Sec	ida. Such change was auth	orized by the corporation's boa	ration salbmits this statement for the purp rd of directors. Thereby accept the appo	ose of changing its intrinent as registers	registered office
SIGNATURE \	JUAN TO THE STATE OF THE STATE	V/ IX 3646 /X	ites		g	so agon, rum
12,	Signature by ed or printed harno of registered agri-	Land the mappinage	(Note: Boychest Agort signature signs	ad when ment iting	DA*E	
TITLE	DPT OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
NAME	DAMRON, KURT H	Floricie	1.11116		Change	Addition
STREET ADDRESS	12391 CORIANDER DR		1.2 NAME 1.3 STRCH ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CiTY - ST - ZiP			
TITLE	DEV	DELETE	2 1 Tift E		Change	Addition
NAME	DAMRON, SUZANNE M.		2.2 NAME		cira ige	
STREET ADDRESS	12391 CORIANDER DR.		2.3 STALE: ADDRESS			j
CHY-ST-ZIP TITLE	ORLANDO FL DV	FT point	2.4 CITY - ST - ZIP			
NAME	NATHANIAL, JACKSON	☐ DELETE	3 1 TITLE		☐ Change	Add-tion
STREET ADDRESS	4025 PONDEROSA DR		3.2 NAME			1
CITY - ST - ZIP	ORLANDO FL		3.3 STREET ACODRESS 3.4 CHTY - ST - ZIP			
TITLE		[] DELETE	4 1 TiTLE		☐ Change	Addition
NAME			4.2 NAME			Manipoli
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		E Divers	44 CITY - ST Z P			
NAME		☐ DELET€	5 1 1.TLF		Change	Addition
STREET ADDRESS			5 2 NAME			
CITY-ST-ZIP			5.3 SIFEET ADDRESS			
TITLE		DELETE	5.4 CITY - \$1 - ZIP 6.1 TITLE			
NAME		<b>—</b>	6 2 NAME		Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZiP			1			

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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 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 appears in Block 12 or Block in changed, or on an attachment with an address.

SIGNATURE:

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April 29,1996 (352)242-9390