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 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68908

(5)

FILED Aug 28 1997 8:00am Secretary of State

| | INC. | | | | |
|--|---|--|---|---|--|
| Principal Place of Business | Mailing Address | | | | 14 01834 64814 01841 01841 01841 81841 3084 |
| % 308 LIDDON PLACE | % 308 LIDDON PLACE | • | | | |
| LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 | | | | DO NOT WE! | TE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 10/02/1992 | 06/21/1996 |
| 2. Principal Place of Business 2a. Mailing | | | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | Applied For |
| 21 | — ř | 26 | | 59-3146208 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | 27 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | - | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 26 | | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Count | try | 8. This corporation owes or has | |
| 24 25 | 29 | 30 | | Personal Property Tax due Jui | |
| | of Current Registered Agent | | II Name | 10. Name and Address of New I | vaðisreteg Aðetir |
| MOORE, CHARLES | • | ľ | 1 | | |
| 308 LIDDON PLACE | | 8 | Street Addr | ess (P.O. Box Number is Not Accept | table) |
| LYNN HAVEN FL 32444 | | _ | 13 | | |
| | | ° | 13 | | |
| | | 8 | 4 City | 1 | FL 85 Zip Code |
| 44 8 | 007 0000 and 007 4500 Florida | Ctatules the she | yes pamed sore | paration submits this statement for the | purpose of changing its registered |
| Pursuant to the provisions of Section office or registered agent, or both, is agent. I am familiar with, and accept | ns 607,0502 and 607,1508, Florida a in the State of Florida, Such change | was authorized | by the corporat | ion's board of directors, I hereby acc | cept the appointment as registered |
| agent. I am familiar with, and accep | ot the obligations of, Section 607.050 | 05, Florida Statul | tos. | | |
| SIGNATURE | fregistered agent and title it applicable. | (NOTE: Designed A | Agent signature requir | ad when selectering | DATE |
| | FICERS AND DIRECTORS | 13. | agent signatore requi | | FICERS AND DIRECTORS IN 12 |
| TITLE IP | ☐ DELET | TE 1.1 TITU | F T | | |
| | | | | | ☐ Change ☐ Addition |
| NAME I MOORE, CHARLES | | 1,2 NAM | | | ☐ Change ☐ Addition |
| NAME MOORE, CHARLES STREET ADDRESS 308 LIDDON PLACE | | 1,2 NAM | | | Change Addition |
| STREET ADDRESS 308 LIDDON PLACE | | 1,2 NAM 1,3 STRI | EET ADDRESS | | ☐ Change ☐ Addition |
| 444 110001101101 | ☐ DELET | 1,2 NAM 1,3 STRI 1,4 CITY | EET ADDRESS '-ST-ZIP | | Change Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE 308 LIDDON PLACE LYNN HAVEN FL ST | DELET | 1.2 NAM 1.3 STRI 1.4 CITY FE 2.1 TITL 2.2 NAM | EET ADDRESS '-ST-ZIP E | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LIDDON PLACE LYNN HAVEN FL ST PORTER, CAROL | DELET | 1.2 NAW 1.3 STRI 1.4 CITY FE 2.1 THIL 2.2 NAW 2.3 STRI | EET ADDRESS '-ST-ZIP E | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ☐ DELET | 1.2 NAM 1.3 STRI 1.4 CITY FE 2.1 THL 2.2 NAM 2.3 STRI 2.4 CIT' | EET ADDRESS '-ST-ZIP E ME EET ADDRESS Y-ST-ZIP | | |
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information indicated on this annual report or supplemental annual report or director of the corporation or the receiver or trusteed appears in Block 12 or Block 13 if changed, or or an attachment with urate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name