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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841649

(7)

JOHN PLOTT COMPANY, INC.

Suite. Apt #, etc. Suite, Apt #, etc.	Principal Place	of Business	Mailing Address	Mailing Address								
TUSCALOOSA AL 35406 TUSCALOOSA AL 35406-1902 2. Pincipal Place of Business 2. Making Actinose 2. Making Actinose 2. Pincipal Place of Business 2. A Making Actinose 2. Pincipal Place of Business 2. A Making Actinose 3. Dete Incorporated or Qualified 10/17/1978 3. Political Status 3. Dete Incorporated or Qualified 10/17/1978 3. Political Status 3. Dete Incorporated or Qualified 3. Dete Incorporated or Qualified 3. Dete Incorporated or Qualified 3. Election Compagn Financing 5. Control y 5. Control y 5. Control y 6. Control y 7. Pincipal Place of Business 5. Control y 7. Pincipal Place 5. Control y 7. Pincipal Place of Business 6. Control y 8. This compactor has biabliny for Intalphile tax under so 190.032, pincipal Place of Pincipal Place o	2804 RICE MINE RD POB 183		2804 RICE MINE RD	POB 183								
2. Principal Place of Hueries 2a. Making Address 3c. Making Address 4. FEI Number Applied for Applied fo												
10/17/1978	TUSCALOUSA	AL 35406	TUSCALOUSA AL 35406	TUSCALOOSA AL 35406-1502				3. Date Incorporated or Qualified 3a. Date of Last Report				
2.								* .				
Salicit Act 8 cdc Substance Substance	2. Principal Pla	ace of Business	2a. Mailing Address				·····		<u>Y*F</u> [plied For	
Salicit Act 8 cdc Substance Substance	21		26					63-0700191		No	t Applicable	
City & State	Suite, Apt	#, etc.	Suite, Apt. #, etc.						DS7			
Trust Fund Contribution	22		***					C. Certificate of otatos Desired	<i>7</i> 4	Fee Re	quired	
Zep		;	⊢¬ ′	⊢ ¬ ′ ′				, , , ,	, <u>,</u>			
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Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name	·				• This corporation has inability for intanglish tax arises at 155:002;					199.032,		
MEAD, MICHAEL WILLIAM 310 WOODSON STREET FORT WALTON BEACH, FL MH 32548 82 Street Address (P.O. Box Number is Not Acceptable) 83	24		· · - · · · · · · · · · - · · · · · · ·	[30]								
310 WOODSON STREET FORT WALTON BEACH, FL MH 32548 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zxp Code 84 City FL 85 Zxp Code 85 Zxp Code 86 City FL 85 Zxp Code 87 City FL 85 Zxp Code 88 Zxp Code 88 Zxp Code 89 Zxp Code 80 Zxp Code			III Negistered Agent		81	Name	}	IV. Hame Bild Addises of New No	Ristolen UA	OI II		
FORT WALTON BEACH, FL MH 32548												
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The purpose 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 Forda Submit and corporations with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE												
1.1. Paraulent to the previsions of Sections 607 0502 and 607 1508. Florida Statutes diffice or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Section 607 0505 Section 607 0505, Florida Statutes					84	City			E 1	85 Zip (Code	
SIGNATUFE STATE	11 Pureusant	a the provisions of Spetions 607.05	02 and 607 1508 Florida Stati	itee the	above	-nama/	d corpo	ration submits this statement for the n		anging it	e registered	
SIGNATUFE STATE	office or re	egistered agent, or both, in the State	e of Florida. Such change was	authoriz	ed by	the co	rporatio	n's board of directors. I hereby accep	of the appoin	itment as	registered	
NAME PIOTT, JOHN H. 12 MME 13 STREET ADDRESS 14 CHIV-ST-ZP 1708 CHIV-ST-ZP	agent. I ar	m tamiliar with, and accept the oblig	gations of, Section 607.0505, F	riorida St	atutes			•				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.	SIGNATURE	Subnative tyra dice printed game of registered an	oci Lano tite il applicable (NC	OTE: Begiste	red Ane	nt sinnetur	re recuired	when rainstating)	DATE			
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#4 OLD NO. RIVER POINTE	NAME			1.2	NAME							
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TUSCALOOSA AL	NAME	HINDS, HENRY L.		2.2	NAME			V.	**			
DELETE SD	STREET ADDRESS	1709 ST. ANDREWS DRIVE		2.3	STAEET	ADDRESS						
NAME	City - S? - 7/P	TUSCALOOSA AL		2. 4	CITY-S	iT - ZiP						
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TUSCALOOSA AL 34. CITY-ST-ZIP	MAME	PLOTT, HUNTER L		3.2	NAME							
TITLE	STREET ADDRESS	5401 TAHOE DRIVE		3.3	STREET	ADDRESS						
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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 agreed upon is true and accurate and that my signature shall have the same legal effect as if made under eath; that	informatio	g indicated on this annual report or	supplemental annual report is	anny for the s true and	d acct	irate an	stated I nd that r	ny signature shall have the same lega	al effect as if	made un	der oath; that	
information indicated on this annual report or supplemental agreement 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 receiper 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 adaptiment with an address.	Lam an ol appears ii	nicer or director of the corporation on Block 12 or B <u>lock 13</u> if changed.	or the receiver or trustee empo or on an attachment withtan a	owered to ddress.	exec	ute this	report	as required by Chapter 607, Florida S	statutes; and	that my r	name	

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Plott

/3897

205-345-5678

FILED

Feb 03 1997 8:00am

Secretary of State