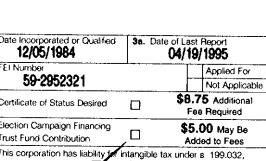
## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



COF	PHOFIT RPORATION UAL REPORT 1996		Sandra E Secreta	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS		
DOCU 1. Corporatio	MENT #	H32603	(3)			
BRA Principal Plac		AMA CITY, INCORP	ORATED  ng Address			
% JOHNNY D. BRANCH 2824 BRIARCLIFF RD. PANAMA CITY FL 32405		Мен	% JOHNNY D. BRANK 2824 BRIARCLIFF RD. PANAMA CITY FL 324		3. Date Incorporated or Qualified 12/05/1984	3a. Date of Las
2. Principal Place of Business 21		2a. 1 26	Mailing Address		4. FEI Number 59-2952321	
Suite, Apl. #, etc.		27]	Suite, Apt #, etc.		5. Certificate of Status Desired	□ \$8. F
City & State		28	Orty & State		Election Campaign Financing     Trust Fund Contribution	□ \$5 A
24	25	29		Country 30	8. This corporation has liability for in Florida Statutes Yes	□ No
		dress of Current Registe	red Agent	81 Nam	10. Name and Address of New Re	gistered Agent
I RDAN	ICH JOHNNY D			1 1		



BRANCH, JUHNNY D. Street Address (P.O. Box Number is Not Acceptable) 2824 BRIARCLIFF RD. PANAMA CITY FL 32405 83 84 City 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 until an with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THE	TD .	☐ DELETE	1 1 TITLE	Change Addition	
NAME	BRANCH, JOHNNY D.		12 NAME		
S1FEET ADDRESS	2824 BRIARCLIFF RD.		13 STREET ADDRESS		
CITY   S1 - 7IP	PANAMA CITY FL		1.4 City-ST-ZIP		
Hitt	PS	DELETE	2 1 TITLE	Change Addition	
\$4ME	BRANCH, JOHNNY D		2 2 NAME		
STREET ADDRESS	2824 Braircliff RD Panama City Fl		2 3 STREET ADDRESS		
Tr S1-ZiP			2 4 CITY - S1 - ZIP		
HILE		☐ DELETE	3 1 TITLE	Change Addition	
IAMI			3 2 NAME		
SIEGET ADDRESS			33 STREET ADDRESS		
XIIY-SI-ZIP			3 4 CITY - ST - ZIP		
ITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
(AME			4.2 NAME	Charles Notifical	
TREET ADDRESS			4.3 STREET ADDRESS		
-1Y-S1-ZiP	_		4.4 CITY - \$1 - ZIP		
IILE		DELETE	5 1 TITLE	☐ Change ☐ Addition	
AME			5 2 NAME	Change Addition	
THELL AUDRESS			5 3 STREET ADDRESS		
HY-ST Zift			5 4 CITY-ST-ZIP		
II.F		☐ DELETE	6 1 TifLE	☐ Change ☐ Addition	
IAME		<del></del>	6 2 NAME	☐ Change ☐ Addition	
GREET ADORESS			63 STREET ADDRESS		
RTY-SI ZIF			6.4 CITY - ST-ZIP		

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 injuded 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 cath; that I am an officer or a certify that the corporation of the corporation of the receiver or truttee empoward to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE**