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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 14 1997 8:00am Secretary of State

BRANC	LIFF RD.	` '	340	3. Date Incorporated or Qualified	a. Date of Last Report
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		12/05/1984 4. FEI Number 59-2952321	01/25/1996
City & Sta 23 Zip 24	Country 25	27 City & State 28 Zip 29	Country	Certificate of Status Desired C	Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032.
BRANCH, JOHNNY D. 2824 BRIARCLIFF RD. PANAMA CITY FL 32405 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida.		83 84 City	ress (P.O. Box Number is Not Acceptable) poration submits this statement for the purption's board of directors. I hereby accept the	FL 85 Zip Code use of changing its registered appointment as registered	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / TD BRANCH, JOHNNY D. 2824 BRIARCUFF RD.	agent and title II applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TBLE 1.2 NAME	red when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATH S AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PANAMA CITY FL PS BRANCH, JOHNNY D 2824 BRAIRCLIFF RD	DELETE	1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PANAMA CITY FL	DELETE	2.4 CHY-S1-7IP 3.1 TILE 3.2 NAME 3.3 STRECT ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.4. CHY-S1-ZIP 4.1 THE 4.2 NAME 4.3 STREET AODRESS 4.4 CHY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do here	by certify that the information suppl	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption stated	l in Section 119.07(3)(i), Florida Statutos. Hi	Change Addition

nual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that corporation or the preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or on a attachment will an address.