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 # L11982

(0)

PREMIE	R OPERATING COMPANY.	INC.						
Principal Place	e of Business	Mailing Address			I INDALLORI BON HIBBN HINNE HINNE HINNE	#1011 01011 01011 01011 010		
C/O ROBERT M. DOOLITTLE 7955 N DAVIS HWY PENSACOLA FL 32514 US		7855 N DAVIS HWY C/O TEXACO PENSACOLA FL 32514-7562 US						
					3. Date Incorporated or Qualified 08/24/1989 02/08/1996 4. FEI Number Applied Fo			
2. Principal Place of Business		2a. Mailing Address				Applied For		
21 Cide Ard	# sts	Suite, Apt. #, etc.			59-2963381	Not Applicable		
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	7	Fee Required	
City & State 23	9	City & State			Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees		
Z(p)	Country 25	Žip	Cou	ntry	8. This corporation has liability for i			
571	9. Name and Address of Currer		30		10. Name and Address of New Re			
DOC	OLITTLE, ROBERT M.			81 Name				
8862	2 BURNING TREE RD				ress (P.O. Box Number is Not Acceptable)			
PEN	ISACOLA FL 32514	•				<u> </u>		
				84 City		FL 85 21p	Code	
11. Pursuant I	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the at	nove-named c	corporation submits this statement for the p		its registered	
office or reagent. Las	egistered egent or both, in the State in landing with, and accept the oblig	of Florida. Such change was a ations of, Section 607,0505, Flo	uthorized rida Stat	d by the corpo utes.	oration's board of directors. I hereby accept	ot the appointment a	s registered	
	Signation, typed or product range of registered agr			l Agent signature n	equired when reinstating)	DATE	50 11 12	
12.		D DIRECTORS	13.	· ·	ADDITIONS/CHANGES TO OFFIC			
DRF	DP	L_) DELETE	1.1 10			L. Change	Addition	
NAME	DOOLITTLE, ROBERT M. 8862 BURNING TREE RD		1.2 N/					
STREET ADDRESS	PENSACOLA FL			REET ADDRESS				
00Y-81-26*	LINOACOEATE	☐ DELETE	2.1 TI	TY-ST-ZIP		☐ Change	Addition	
NAME	i	band - F	2.2 N/	1	4.	. —		
STREET ADDRESS I				REET ADORESS				
CHTY - ST - ZiP				TY-ST-21P				
Tille		DELETE	3.1 10			☐ Change	Addition	
NAME			3.2 N/	IME				
STREET ADDRESS			3.3 S1	reet address				
CHY - \$1 - 20P			3.4. C	TY-ST-ZIP			*********	
TIJLE		DELETE	4.1 Tr	TLE		Change	Addition	
NAME	,		4.2 N					
STREET ADDRESS			4.3 ST	REET ADDRESS				
COTY - \$1 - 70°		DELETE		TY-ST-ZIP		F1 Ac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TILE		☐ DELETE	5.1 30			L. Change	Addition	
VAAA			5.2 N/					
STREET ADDRESS.				REET ADDRESS				
CAY-SLZIF TILLE		DELETE	5.4 Ct 6.1 Tt	TY-ST-ZiP		Change	Addition	
NAMÉ.		End perru	6.2 N/			onange	L ANGUION	
				REET ADDRESS				
STREET ADDRESS			1	TY-ST-ZIP				
14. Loo herek	L by certify that the information supplie	d with this filing does not qualif	v for the	exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the	
informatio Lam an o	or indicated on this annual report or a	supplemental annual report is tr Lithe receiver or trustee empow	ue and a ered to e	accurate and t	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega sport as required by Chapter 607, Florida S	al effect as if made u	inder oath; thi / name	

SIGNATURE:

FILED

May 02 1997 8:00am

Secretary of State