

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

FILED  
Jun 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P9400004999  
1. Corporation Name 49929  
A & M Fernery, Inc.

Principal Place of Business Mailing Address  
2525 Place Pond Road Post Office Box 1842  
DeLeon Springs, FL DeLeon Springs, FL  
32130 32130

3. Date Incorporated or Qualified 07/05/94  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number 59-3262272  
Applied For Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28 City & State

6. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution

Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael W. Murphy  
Post Office Box 1842  
DeLeon Springs, Florida 32130

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  DELETE  
NAME Michael W. Murphy  
STREET ADDRESS Post Office Box 1842  
CITY-ST-ZIP DeLeon Springs, FL 32130

1.1 TITLE President  Change  Addition  
1.2 NAME Michael W. Murphy  
1.3 STREET ADDRESS 2575 Place Pond Rd  
1.4 CITY-ST-ZIP DeLeon Spgs., FL, 32130

TITLE Treasurer  DELETE  
NAME Amanda B. Murphy  
STREET ADDRESS Post Office Box 1842  
CITY-ST-ZIP DeLeon Springs, FL 32130

2.1 TITLE Treasurer  Change  Addition  
2.2 NAME Amanda B. Murphy  
2.3 STREET ADDRESS 2575 Place Pond Rd.  
2.4 CITY-ST-ZIP DeLeon Spgs., FL, 32130

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME 000002210980  
4.3 STREET ADDRESS -06/13/97--01003--028  
4.4 CITY-ST-ZIP \*\*\*165.00

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 annual 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 receiver 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 attachment with an address.  
SIGNATURE: Michael W. Murphy 4-30-97 1904-736-3757