

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012125 (7)
1. Corporation Name

COTTON PICKIN' ARCHITECTURE INCORPORATED



Principal Place of Business Mailing Address
P O BOX 530 SHADY GROVE FL 32357 P O BOX 530 SHADY GROVE FL 32357

3. Date Incorporated or Qualified 02/13/1995 3a. Date of Last Report
4. FEI Number 59-3349873 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WILSON, BARRY A JR
RT 1 BOX 93 BB
GREENVILLE FL 32331

10. Name and Address of New Registered Agent
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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when for standing.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P-T-S	Change	Addition
12 NAME	BARRY A. WILSON JR.		
13 STREET ADDRESS	RT 1 BOX 93 BB		
14 CITY - ST - ZIP	GREENVILLE, FL 32331		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry A. Wilson Jr. BARRY A. WILSON JR. 29 JULY 1996 904-584-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/96)