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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

City & State City & State 6. Election Campaign Financing \$5.00 May Be	1	996	N. W. S. S.	,	DIVISION OF CORPORATIONS								
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MARSHALL, SANDRA J. 2137 NORTH SHERMAN AVE PANAMA CITY FL 32405 82 Street Address (P.O. Box Number is Not Acceptable) 11. Fursuant to the provisions of Sections 607,0002 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am minimize with, and a copy the obligations of, Section 607,0002 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am minimize with, and a copy the obligations of, Section 607,0002 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am minimize with a copy that obligations of, Section 607,0002 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am minimize with a copy that it is statement for the purpose of changing its registered different and the corporation's board of directors. I hereby accept the appointment as registered agent. I am minimize with a copy that copy accept the appointment as registered agent. I am minimize with a copy and the corporation's board of directors. I hereby accept the appointment as registered agent. I am minimize with a copy and the corporation's board of directors. I hereby accept the appointment as registered agent. I am minimize with a copy and agent agent. I am minimize with a copy agent	24				gent	30						nt.	
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PANAMA CITY FL 32405 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above harmed 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 authorities, the above harmed corporation is board of directors. I hereby accept the appointment as registered agent, and its copy of the corporation's board of directors. I hereby accept the appointment as registered agent, and its copy of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TORE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TORE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 12. TITLE 12. TITLE VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VAN HORN, AL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 12. TITLE 12. TITLE 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. NAME 22. NAME 22. NAME 22. NAME 23. SIRRET ADDRESS 23. SIRRET ADDRESS 24. CIVY-ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND D							12 S	treet Ad	dress (P.O. Box Numbe	er is Not Acceptab	ole)		
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14. I do nereby 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 cartify 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 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4-19-91

104-7634000 Daytime Phone # CR2E034 (12/95)