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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

-	MENT # 160022 INVESTMENT COMPANY	(0)			# ##### ##############################
Principal Place	of Business	Mailing Address		T IBBIDI IIDID BIIII DDIII BBIID IIDIA IID	i alan bizin bibil bibil bibil bibil bibil
983 7TH AVE. P O BOX 276 GRACEVILLE FL 32440		983 7TH AVE. P O BOX 276 GRACEVILLE FL 32440-0276		3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1949 01/31/1996	
2. Principal Place of Business		2a. Mailing Address		4. FET Number	Applied For
21		26		59-0869527	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	3	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for its corporation in the second control of the sec	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
BRO	OKS, MARGARET		81 Name		
1129 8TH AVE. GRACEVILLE FL 32440			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
			83		
			84 City		85 Zip Code
agent. Lai SIGNATURE	to the provisions of Sections 607.050? agistered agent, or both, in the State of familiar with, and accept the obligations for the state of the stat	tions of, Section 607.0505	atutes, the above-named corvas authorized by the corporals, Florida Statutes.	poration submits this statement for the ption's board of directors. I hereby acception to the property of the	ourpose of changing its registered of the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELF1E	1.1 TITLE		Change Addition
NAME	BAJRD, JAKIE		1.2 NAME		ì
STREET ADDRESS	205 N. WOODLAND		13 STREET ADDRESS		
CITY-ST-ZIP	GENEVA AL 36548		1.4 C(TY - S1 - Z(P		
TITLE	STD	L_ DELETE	. 2.1 TALE		Change Addition
NAME	BROOKS, BOLLING		2.2.NAME		
STREET AND S	ASSESTED STANDE		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GRACEVILLE, FL 00000 3 2	T DELETE	2.4 CHY-S1-7IP		Change Addition
NAME	D Brooks, Margaret	ויין וינונונ	31TITLE 32INAME		Change L Addition
STREAT LODES	1902-E: 8TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE, FL 900001 2 -7	440	3.4. CITY-ST-ZIP		
TALE	GIVIOEVILLE, I E GOOD J	DELETE	4.1 31114		Change Addition
NAME			4. 2 NAMF		· ·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 DITY- S1 - 7IP		
TITLE		☐ DELETE	51 Mart		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Channa I Addition
TITLE		, <u></u> DELETE	6.1 TITLE		L Change L Addition
name Street address			6.2 NAME		
STREET AUUNESS			63\$1REET ADDRESS		

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). Fforida Statutes. I further certify that the information indicated on this 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.

FILED

May 02 1997 8:00am

Secretary of State