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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 171618** 

(2)

FILED Apr 17 1997 8:00am Secretary of State

1, Corpora <b>O, K.,</b>		(-)			LUI EEL RON BAN LUU EEL	
Frincipa' Place of Business			•	- I TO LIST WARN YORRY CHAIR ELIGH HARD HAW ELIGH BIRTH OLDIK DYSW STELL CHAIR CHAIR.		
			i	3. Date Incorporated or Qualified 12/22/1952	3a. Date of Last Repo 04/03/1996	ort
	al Place of Business	2a. Mailing Address	Ť	4. FEI Number	h	ed For
·1	φt #, etc	Suite, Apt. #, etc.		59-6073164 5. Certificate of Status Desired	\$8.75 Add	
2 City & State		City & State		6. Election Campaign Financing	\$5.00 Ma	ay Be
/ <b>3</b> ] Zip	Country	<b>28</b> ]	Country	Trust Fund Contribution  8. This corporation has liability for		
<u>.4</u> )	25   9. Name and Address of Curre	29   ent Registered Agent	]30]	Florida Statutes  10. Name and Address of New R	Yes No	<del>.,</del>
 M	ULLIS,BOB L	ont neglatored Agent	81 Name	IO. Hamo and Addition of How II	agistatus Agoitt	
HI	GHWAY 441 AT GALE STREET O. BOX 429			ddress (P.O. Box Number is Not Accepte	bie)	
Ol	KLAWAHA FL 32679		83   84   City		B5 Zip Coo	de
11. Pursua	not to the provisions of Sections 607.09	502 and 607.1508, Florida Statu	tes, the above-named c	orporation submits this statement for the	purpose of changing its re	egisterec
off on a agent	or registered agent, or both, in the Sta I am familiar with, and accept the obli	ite of Florida. Such change was igalions of, Section 607.0505, Fl	authorized by the corporation at	orporation submits this statement for the oration's board of directors. I hereby acce	ept the appointment as req	gistered
SiGNATUR		agent and title it applicable. (NO	"E: Registered Agent signature to	equired when reinstating)	DATE	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFF		
T:TEF	PTD	☐ DELETE	1.1 TITLE		Change	Additio
NAME STREET AGDRE	MULLIS, B.L., SR. P.O. BOX 429 N/A		1.2 NAME 1.3 STREET ADDRESS			
51611 - AUGPA CHY - ST-701	OKLAWAHA FL		1.4 CHY-ST-ZIP			
HILF	SD	DELETE	21 TITLE		Change	Additro
NAME	BRYANT,BARBARA M		2.2 NAME			
STELLET ADORE			2.3 STREET ADDRESS			
Citt-St. ZiP	MACON GA		2 4 CITY-ST-ZIP			
7111.6	V	DELETE	3 1 TITLE		☐ Change [	Additio
NAME	MULLIS, B.L. JR.		3.2 NAME			
STREET ADDRE			3.3 STREET ADDRESS			
CHY-ST ZIP	MACON GA		3.4. CITY-ST-ZIP			
TELE	i.	DELETE	4 1 TITLE		Change	Additio
NAME			4 2 NAME			
	i		a i			
	SS		4.3 STREET ADDRESS			
SILY- ST-20	88	T nei err	4.3 STREET ADDRESS 4.4 City-St-Zip		Change	Addition
CHY-ST-20 TMcE	SS	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
CITY ST-20 THE NAME		DELETE	4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 Title 5.2 NAME		☐ Change [	Addition
STREET ACORD CITY - STI-20 THEE NAME STREET ACORD		☐ DELETE	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS		☐ Change [	Addition
CHY-ST-20 THEE NAME STREET ADDRESS CHY-ST-77			4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP			
DITE DITE		DELETE	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 Title			Addition
CRY-ST-20 TRUE MAME STREET ADDRES CRY-ST-72 TRUE NAME	58		4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 Tifle 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 Tifle 6.2 NAME			
City St 20 TRGE NAME STROLLADORU COY ST 72 TRUE	58		4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 Title			

4. Log hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(f), Florida Statutes. Further certify that the information and safety for this sample supplied with this hing does not quality for the exemption stated in Section 119.07(f), Florida Statutes. Further certify that the information in this supplied in the same legal effect as if made under oath; that I am an officer or director of the corporation or the poceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 in changed for on an attachment with an address.

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 (9/2) 743-7551

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