

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 195361 (1) Corporation Name: REMSCO, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business: 1515 FLORIDA AVE. P. O. BOX 1999 PANAMA CITY FL 32402

Mailing Address: 1515 FLORIDA AVE. P. O. BOX 1999 PANAMA CITY FL 32402-1999

2. Principal Place of Business:

21 | State, Apt. #, etc

22 | City & State

23 | Zip Country

24 | 25 |

2a. Mailing Address:

26 | State, Apt. #, etc

27 | City & State

28 | Zip Country

29 | 30 |

9. Name and Address of Current Registered Agent

ENNIS, B F 220 S COVE LN PANAMA CITY FL 32401

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 607.0507 and 607.1505, 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 will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS:

- 12.1 NAME: ENNIS, POWELL, 1515 FLORIDA AVE, PANAMA CITY, FL 00000
12.2 NAME: ENNIS, B F, 220 S COVE DRIVE, PANAMA CITY, FL 00000
12.3 NAME: ENNIS, CHARLES, 103 LISA MARIE PL., SHALIMAR FL
12.4 NAME: ENNIS, ROBERT, 1220 DEWITT STREET, PANAMA CITY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 13.1 NAME: Ennis, Powell, 1220 Dewitt Street, Panama City, FL 32401
13.2 NAME: Ennis, B F, 220 South Cove Lane, Panama City, FL 32401
13.3 NAME: Ennis, Charles, 904 Sara Drive, Shalimar, FL 32579

14. I do hereby certify that this information complies with the filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information in this 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 trustee or trustee or registered as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on a change of information form with an address.

SIGNATURE: [Handwritten Signature]

CP2E034 (9/96)