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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 227971 (9)

1. Corporation Name
PERDUE HOMESTEAD CORP



Principal Place of Business Mailing Address
P.O. BOX 65 P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST. POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820 ALTURAS FL 33820-0065

3. Date Incorporated or Qualified 09/15/1959 3a. Date of Last Report 04/10/1996
4. FEI Number 59-0889509 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 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
PERDUE, J W
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820

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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD PERDUE, J W POINSETTIA AVE E OF 3 ST ALTURAS FL SD	13.1 TITLE	S/T SUSAN E. DONAHUE 2065 FLAMINGO DRIVE BARTOW, FL 33830
12.2 NAME	PERDUE, RUTH M POINSETTIA AVE E OF 3 ST ALTURAS FL	13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
12.5 TITLE		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP		13.20 CITY - ST - ZIP	

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), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT 2-13-97 941-537-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)