

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 JUL 30 PM 1:52

**DOCUMENT # 248758 (5)**  
 1. Corporation Name  
**CONERLY BOOTERY, INC.**



Principal Place of Business Mailing Address  
**41 N. VIRGINIA ST. QUINCY FL 32351 US**  
**P.O. BOX 788 41 N VIRGINIA ST. QUINCY FL 32353 US**

DO NOT WRITE IN THIS SPACE

|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business                      |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21  |         | 26                  |         | 06/26/1961  | 01/24/1996                     |
| Suite, Apt. #, etc.                                 |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| 22  |         | 27                  |         | 59-0935104  | Not Applicable                 |
| City & State  |         | City & State        |         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         | <input type="checkbox"/>  | <input type="checkbox"/>       |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | <input type="checkbox"/>  | <input type="checkbox"/>       |
| 7. Name and Address of Current Registered Agent     |         |                     |         | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |                                |
| ALLEN, N E<br>41 N. VIRGINIA ST.<br>QUINCY FL 32351 |         |                     |         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |                                |

|   |  |  |  |   |                |
|---|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent     |  |  |  | 10. Name and Address of New Registered Agent          |                |
| ALLEN, N E<br>41 N. VIRGINIA ST.<br>QUINCY FL 32351 |  |  |  | 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 signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLEN, N E                          | 1.2 NAME  | 8000002256538-8   |
| STREET ADDRESS             | 41 N. VIRGINIA ST.                  | 1.3 STREET ADDRESS                                    | -08/04/97--01106--007   |
| CITY-ST-ZIP                | QUINCY FL                           | 1.4 CITY-ST-ZIP                                       | ****165.00 ****165.00   |
| TITLE                      | SDT <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLEN, MARY JANE                    | 2.2 NAME  |   |
| STREET ADDRESS             | 41 N. VIRGINIA ST.                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | QUINCY FL                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLEN, MICHAEL E.                   | 3.2 NAME  |   |
| STREET ADDRESS             | 4962 GLEN CASTLE DR                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 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 *N. E. Allen* N. E. Allen 7/28/97 850-627-6588

CR2E034 (4/97)