
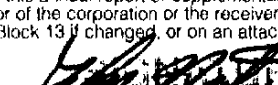


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 23 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 # 309000 (8)			
1. Corporation Name PALM COAST HOLDINGS, INC.			
Principal Place of Business 1 CORPORATE DR. PALM COAST FL 32151		Mailing Address 20 E. JOEL BLVD. LEHIGH ACRES FL 33972	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.	26 226 E JOEL BLVD	27 Suite, Apt #, etc.	
22 City & State	28	29 City & State	
23 Zip	25 Country	29 Zip	30 Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLISON, JANET 226 E. JOEL BLVD. LEHIGH ACRES FL 33936		81 Name	
72		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			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANDELL, DONNIE R	1.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	1.4 CITY - ST - ZIP	33972
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLQUIST, LAURA A	2.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	33972
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JANET	3.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	3.4 CITY - ST - ZIP	33972
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM I. LIVINGSTON	4.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	4.4 CITY - ST - ZIP	33972
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A. NATIELLO	5.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	5.4 CITY - ST - ZIP	33972
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CHARLES R	6.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	6.4 CITY - ST - ZIP	33972
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: 		5/5/97 941-368-6779	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



CR2E034 (9/96)