

**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. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP -8 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 315206 (3)
1. Corporation Name
POPE'S ZIPPY MARTS, INC.

Principal Place of Business 600 GIBSON STREET P.O. BOX 1699 LEESBURG FL 34748-4018	Mailing Address 600 GIBSON STREET P.O. BOX 1699 LEESBURG FL 34748-4018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 648 PENDLETON LAKE RD.		3. Date Incorporated or Qualified 03/24/1967	3a. Date of Last Report 04/15/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1161625	Applied For Not Applicable
City & State 23		City & State 28 RALEIGH, NC		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 27614	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent POPE, JAMES M., JR 600 GIBSON ST BOX 1699 LEESBURG FL 34748-4018				10. Name and Address of New Registered Agent POPE, JAMES P. 648 PENDLETON LAKE RD RALEIGH, NC FL 27614	

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 James P. Pope, President DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POPE, JAMES M., JR	POPE, JAMES P.	1.2 NAME	
STREET ADDRESS 600 GIBSON ST BOX 1699	648 PENDLETON LAKE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL	RALEIGH, NC 27614	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE James P. Pope, President DATE SEP 8 1997

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