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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90057 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **348479**

1. Corporation Name  
**OKALOOSA INVESTMENT ENTERPRISES, INC**



Principal Place of Business <b>1078 SOUTH FERDON BLVD SUITE B CRESTVIEW FL 32536 US</b>	Mailing Address <b>1078 SOUTH FERDON BLVD SUITE B CRESTVIEW FL 32536 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1020 Ferdon Blvd South</b>	2a. Mailing Address <b>26 1020 Ferdon Blvd South</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Crestview, FL</b>	City & State <b>28 Crestview, FL</b>
Zip <b>24 32536</b>	Zip <b>29 32536</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>06/25/1969</b>	Applied For Not Applicable
4. FEI Number <b>59-1976336</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARK WELTON & ASSOCIATES, P.A.  
1078 SOUTH FERDON BLVD  
SUITE B  
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81 Name <b>Welton + Williamson, P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1020 Ferdon Blvd. South</b>
83
84 City <b>Crestview</b>
85 State <b>FL</b>
86 Zip Code <b>32536</b>

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 *A. Wayne Williamson, Esquire (Partner/Shareholder)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIAMSON, A WAYNE</b>	
STREET ADDRESS <b>1078 S FERDON BLVD SUITE B</b>	
CITY-ST-ZIP <b>CRESTVIEW FL 32536</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WELTON, MOLLY</b>	
STREET ADDRESS <b>1078 SOUTH FERDON BLVD</b>	
CITY-ST-ZIP <b>CRESTVIEW FL 32536</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Williamson, A. Wayne</b>	
1.3 STREET ADDRESS <b>1020 Ferdon Blvd South</b>	
1.4 CITY-ST-ZIP <b>Crestview, FL 32536</b>	
2.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>mark welton</b>	
2.3 STREET ADDRESS <b>1020 Ferdon Blvd South</b>	
2.4 CITY-ST-ZIP <b>Crestview, FL 32536</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*A. Wayne Williamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-99**

Date

Daytime Phone #

**682-2120**

CR20234-11/081