

**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.)**

**FILED**

**Aug 22 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 # 349886 (2)**  
1. Corporation Name  
**CHOCTOW INVESTMENT CORPORATION**



Principal Place of Business: EXECUTIVE OFFICE, 1 CORPORATE DRIVE, PALM COAST FL 32151  
Mailing Address: EXECUTIVE OFFICE, 1 CORPORATE DRIVE, PALM COAST FL 32151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (2a-28) fields.

3. Date Incorporated or Qualified: 07/28/1969  
3a. Date of Last Report: 03/07/1996  
4. FEI Number: 11-2201173  
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields.

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

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GARDNER, JAMES E.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTLER, SAMUEL JR.	
STREET ADDRESS	EXECUTIVE OFFICE, CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARMOUR, WILLIAM	
STREET ADDRESS	EXECUTIVE OFFICE, CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUFF, ROBERT G., JR.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POWERS, RICHARD	
STREET ADDRESS	1330 AVE. OF THE AMERICA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRAUNSTEIN, RICHARD	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES J. CALLEA	
1.3 STREET ADDRESS	1 CORPORATE DR.	
1.4 CITY-ST-ZIP	PALM COAST, FL 32151	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICTORIA P. GARD	
2.3 STREET ADDRESS	1 CORPORATE DR.	
2.4 CITY-ST-ZIP	PALM COAST, FL 32151	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: [Handwritten Signature]

CR2E034 (4/97)