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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

4107 NE 255th DP

DOCUMENT # 417114

(6)

TIERRA SUR, INC

Principal Prace of Business

Mailing Address

ROUTE 2 BOX 2250 MELROSE FL 32688 ROUTE 2 BOX 2250 MELROSE FL 32686-9510

Suite, Apt. #, etc.

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## FILED Apr 10 1997 8:00am Secretary of State



april 5, 1997 (352)475-1230

3s. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

01/19/1973

59-1453379

5. Certificate of Status Desired

4. FEI Number

| 9. Name and Address of Current Registered Agent  MIDDLETON, JOHN D.  RT. 3, BOX 3050  10. Name and Address of New R  81 Name  82 Street Address (P.O. Box Number is Not Accepted)  | Yes X No<br>Registered Agent   |
|--|--|
| 9. Name and Address of Current Registered Agent  MIDDLETON, JOHN D.  RT. 3, BOX 3050  10. Name and Address of New F  | Yes X No<br>Registered Agent   |
| 9. Name and Address of Current Registered Agent  MIDDLETON, JOHN D.  RT. 3, BOX 3050  10. Name and Address of New F  |  |
| RT. 3, BOX 3050 82 Street Address (P.O. Box Number is Not Accepted   | #** The state of t |
|  |  |
|  | able)  |
| ST. RD. 26   |  |
| MELROSE FL 32666   |  |
| 84 City  | 85 Zip Code  |
| \ \frac{1}{3}, \ \frac{1}{3}, \ \frac{1}{3}  | FL   S   E   P OOGE  |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>                                       | purpose of changing its registered ept the appointment as registered   |
| SIGNATURE Sign one: typicd or proved frame of registand agent and size if applicable (NOTE: Registered Agent signature required when reinstating)  | DATE   |
| 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF   |  |
| NEE S DELETE 1.1 TITLE   | Change Addition  |
| NAM: NICHOLS, HUGH HILL 12 NAME  |  |
| STREET ALDRESS RTE. 2, BOX 2250 1.3 STREET ADDRESS   |  |
| CHY-51 ZIF MELROSE FL 1.4 CHY-ST-ZIP   |  |
| THE DELETE 2.1 THE   | Change Addition  |
| NAMI SHIPP, PENNY 22 NAME  |  |
| STREET ADDRESS   RTE. 2, BOX 2250 23 STREET ADDRESS  |  |
| CITY-ST-78P MELROSE FL 2.4 CITY-ST-78P   |  |
| DC) EYE  | Change Addition  |
| NICHOLS, ELSIE M 32 NAME   | •  |
| STREET ADDRESS RTE. 2, BOX 2250 3.3 STREET ADDRESS   |  |
| CHY-SE-ZIP MELROSE FL 34. CHY-ST-ZIP   |  |
| THE DELETE 4.1 TITLE   | Change Addition  |
| NAME 4. 2 NAME   |  |
| STREET ADDRESS 4.3 STREET ADDRESS  |  |
| 01Y-S1-72P   |  |
| THE DELETE STITLE  | Change Addition  |
| NAME 52 NAME   |  |
| STREET ADDRESS 5.3 STREET ADDRESS  |  |
| CHY-S1-ZIP 5.4 CHY-S1-ZIP .  |  |
| MILE DELETE 6.1 HTLE   | Change Addition  |
| NAME 6.2 NAME  |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |  |
| CHY-ST-ZIP 6.4 CHY-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 Statutiformation indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same leg I am another or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida | oal effect as if made under eath: tha  |