

DOCUMENT # **453764**

Principal Place of Business	Mailing Address
7103 HWY 77	P.O. BOX 69
SOUTHPORT FL 32409	LYNN HAVEN FL 3244
US	US

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
	Name

CHATONEY, BILL 7103 HWY 77 SOUTHPORT FL 32409	Street Address (First Line)
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE	ST <input checked="" type="checkbox"/> Delete

NAME	CHATONEY, ELIZABETH D
STREET ADDRESS	BUCHANAN STREET
CITY - ST - ZIP	SOUTHPORT FL

TITLE	PV	<input type="checkbox"/> Delete
NAME	CHATONEY, BILL	
STREET ADDRESS	GRASSY POINT RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	

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	

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	President, Vice Pres., ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Chatoney, Bill		
STREET ADDRESS	Grassy Point Road		
CITY-ST-ZIP	Southport, Florida 32409		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Chisley January 11, 2001 850-265-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)