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FILED
Apr 28 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 # 523525 (4)
 1. Corporation Name
JOHN W. KOTCHMAN, INC.



Principal Place of Business: **12512 PARK BLVD SEMINOLE FL 34646**
 Mailing Address: **12512 PARK BLVD SEMINOLE FL 33776-3629**

3. Date Incorporated or Qualified: **01/12/1977**
 3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **59-1726460**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KOTCHMAN, JOHN W.
12512 PARK BLVD
SEMINOLE FL 34646

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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: *John W. Kotchman, Pres.* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOTCHMAN, JOHN W.	
STREET ADDRESS	12512 78TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOTCHMAN, SHIRLEY A.	
STREET ADDRESS	12512 78TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOTCHMAN, SHIRLEY A.	
STREET ADDRESS	12512 78TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOTCHMAN, JOHN W.	
STREET ADDRESS	12512 78TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(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.

SIGNATURE: *John W. Kotchman, Pres.* DATE: **4-16-97** **512-391-1578**

CR2E034 (9/96)