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FILED
Mar 26 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 # 539235 (2)
 1. Corporation Name
K.V. MCHARGUE, INCORPORATED



Principal Place of Business: **HIGHWAY 27 EAST
 P.O. BOX 448
 PERRY FL 32347**
 Mailing Address: **HIGHWAY 27 EAST
 P.O. BOX 448
 PERRY FL 32348-0448**

3. Date Incorporated or Qualified: **07/13/1977** 3a. Date of Last Report: **04/18/1996**
 4. FEI Number: **59-1759603** Applied For: Not Applicable
 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

2. Principal Place of Business: 21, 22, 23
 2a. Mailing Address: 26, 27, 28
 24. Zip: 25 Country: 29 30

9. Name and Address of Current Registered Agent
**MCHARGUE, K.V.
 211 EAST HAMPTON SPRINGS
 PERRY FL 32347**

10. Name and Address of New Registered Agent
 81 Name: **James K. McHargue**
 82 Street Address (P.O. Box Number is Not Acceptable): **211 East Hampton Springs**
 83
 84 City: **Perry** 85 Zip Code: **FL 32348**

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: *James K. McHargue* DATE: **3/10/97**
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCHARGUE, K.V.	
STREET ADDRESS	P O BOX 448 N/A	
CITY- ST- ZIP	PERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCHARGUE, JAMES K.	
STREET ADDRESS	P O BOX 448 N/A	
CITY- ST- ZIP	PERRY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCHARGUE, JAMIE S.	
STREET ADDRESS	P O BOX 448 N/A	
CITY- ST- ZIP	PERRY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCHARGUE, JAMIE S.	
STREET ADDRESS	P O BOX 448 N/A	
CITY- ST- ZIP	PERRY 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McHargue, James K.	
1.3 STREET ADDRESS	P.O. Box 448 N/A	
1.4 CITY- ST- ZIP	Perry, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McHargue, K.V.	
2.3 STREET ADDRESS	P.O. Box 448 N/A	
2.4 CITY- ST- ZIP	Perry, FL	
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: *K.V. McHargue* DATE: **3/10/97** DAYTIME PHONE: **904-584-2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)