

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

FILED

Apr 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
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DOCUMENT # 545008 (5)
 1. Corporation Name
WILDCAT HOLLOW, INC.

Principal Place of Business 716 INTERLACHEN AVE. WINTER PARK FL 32789-3209	Mailing Address 716 INTERLACHEN AVE. WINTER PARK FL 32789-3209
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1977	3a. Date of Last Report 04/24/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANDREWS, DAVID M. 100 S PARK BLVD STE 101 ST AUGUSTINE FL 32086				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				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		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	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	ANDREWS, DAVID M.		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 S PARK BLVD ST 101		1.2 NAME		
CITY - ST - ZIP	ST AUGUSTINE FL		1.3 STREET ADDRESS		
TITLE	VSD	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
NAME	HAINES, ADA		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	716 INTERLACHEN AVE.		2.2 NAME		
CITY - ST - ZIP	WINTER PARK FL		2.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
NAME	DICKSON, KATHERINE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1800 OLDE RIVER TR		3.2 NAME		
CITY - ST - ZIP	CHULUOTA FL		3.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
NAME	WITHERELL, WINDER		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CLAYTON STREET		4.2 NAME		
CITY - ST - ZIP	MT. DORA FL		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			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: *ADA A. HAINES* (ADA A. HAINES) 4-12-97 (402) 647-5698
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4 (9/96)