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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 567023

(7)

Principal Place of Business Mailing Address BLUFF RD LUMBER BLUFF RD LUMBER 1199 BLUFF RD APALACHICOLA FL 32320 APALACHICOLA FL 32320-1115									
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1978 05/01/1996			port	
n	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21 Suite Apt i	# etc	Suite, Apt. #, etc.				59-1812931	SR 75 Additional		
22		27				5. Certificate of Status Desired		Fee Re	
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23] Ζψ	Country	28 Zip	Coun	try		8. This corporation has liability for			
24	25 29 30		30			Florida Statutes X Yes No			
	9. Name and Address of Currer	it Registered Agent		31	Name	10. Name and Address of New Re	gistered Agen	t	
	RAM, ROGER LADON						,		
	9 BLUFF RD. LACHICOLA FL 32320		8	32	Street Addre	dress (P.O. Box Number is Not Acceptable)			
APA	LACHIOULA FL 32320		1	33					
			-	34	City		65	Zip C	Code
			1	- 1	•	oration submits this statement for the pon's board of directors. I hereby accept	FL	,	
SIGNATURE 12. THE NAME	Signature, type for pended name of region red ago OFFICERS AN PD INGRAM, ROGER LADON		13. 1.1 HTL	Ager E AE	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIF		
STREET ADDRESS	1199 BLUFF RD. APALACHICOLA FL				ADDRESS				
DiTUE	ST EX DELETE			1.4 City-St-ZiP 21 Title				Change	Addition
NAME	INGRAM, FRANCES E.		2 2 NAV	22 NAME					
STREET ADDRESS	1199 BLUFF RD.		23 STR	EET	ADDRESS				
CD 4 - \$1 - Ziff	APALACHICOLA FL			******	ST-ZIP			Channa	- I Addition
101.6		DELETE	3 1 7171				. []	Change	Addition
NAME			3.2 NAA		1000000				
STHEEL ADDRESS			3.4. CIT		ADDRESS				
CHY-SL-7IP THEE	The second secon	DELETE	4.1 1(1)	******	71. 2"			Change	Addition
MAV:			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET	ADDRESS				
CITY - ST- ZIP			4.4 CIT	Y-\$	T-21P				
Tritf		L DELETE	5.1 TITU					Change	Addition
NAME			5.2 NAI						
STREET ADDRESS					ADDRESS				
CITY-ST ZIP	5.4 DELETE 6.1				it-zip			Change	Addition
NAME			6.2 NAJ					•	_
STREET ADORESS					ADDRESS				
CiTY-SI-ZP			6.4 CIT	Y - S	ST-ZIP				
14 Lelectroned	by certify that the information supplie	ed with this filing does not qualif	fy for the e	axe	motion stated	in Section 119.07(3)(i), Florida Statute	s. I further cer	tily that	the
1 0000 000 0	on indicated on this armual report or afficer or director of the corporation o in Block 12 or Block 13 if changed, o	ir tha receiver or tructoe empore	iorad ta ai	cci xec	urate and that cute this report	my signature shall have the same leg t as required by Chapter 607, Florida 1	arenect as if n Statutes; and t	nat my r	name