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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 11 1997 8:00am Secretary of State

| DOCUMENT # | 621638 | (6) |
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| 115 COURTHOUSE TERRACE 1 | | Mailing Address 115 COURTHOUSE TERF CRESTVIEW FL 32536-35 | | | |
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| | | | | 3. Date Incorporated or Qualified 05/14/1979 | 3a. Date of Last Report 04/11/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 1 | | 26 | | 59-1913745 | Not Applica |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 2 | | 27 | | | Fee Hequired |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 3 | Country | 28] Zip | Country | Trust Fund Contribution | Added to Fees |
| Zip T | Country | 29 | 30 | 8. This corporation has liability for i | intangible tax under s. 199.032]] Yes — []] No |
| 4 | 25 9. Name and Address of Curre | | 30 | 10. Name and Address of New Re | |
| DAD | KER, BILL E. | | 81 Name | | |
| | ADAMS DRIVE | | 82 Street Add | dress (P.O. Box Number is Not Acceptate | NA) |
| | STVIEW FL 32538 | | oz Sireel Auc | aress (F.O. Dox Namber is not Acceptate | NO / |
| V/ 1.2 | .0171.017 / 2 22000 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 | | FL |
| | | | IS authorized by the corpora Florida Statutes. VOTE: Registered Agent signature requ | | DATE |
| SIGNATURE | Signarius i typico kii primžed nakod of registirood a | ager Lann tele if applicable (N NO DIRECTORS | iOTE: Registered Agent signature requirements | | DATE DERS AND DIRECTORS IN 12 |
| SIGNATURE 12. | Signary, 1917 to depended name of regulariest a OFFICERS A | ager Lann tole if supplicable (N | IOTE: Registered Agent signature req | uired when reinstaling) | DATE |
| SIGNATURE 111. 111. NAME | OFFICERS A P PARKER, WALTER T.,JR. | ager Lann tele if applicable (N NO DIRECTORS | VOTE: Registered Agent signature req 13. 1,1 TiTLE | uired when reinstaling) | DATE DERS AND DIRECTORS IN 12 |
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SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF IGER OR DIRECTOR

MPR 0 8 1997

904)682-3889 Davime Phone #