

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **653394**

1. Corporation Name

CATLEDGE, SANDERS & SANDERS, P.A.

Principal Place of Business 250 East Sixth Avenue Tallahassee, FL 32303	Mailing Address P. O. box 4144 Tallahassee, FL 32315
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3. Date Incorporated or Qualified 1/24/80	3a. Date of Last Report 1/96
4. FEI Number 59-1974251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
Vernon E. Sanders 250 East Sixth Avenue Tallahassee, Florida 32303

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

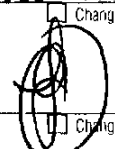
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> DELETE
NAME	Vernon E. Sanders
STREET ADDRESS	5365 Sombra De Lago
CITY-ST-ZIP	Tallahassee, Florida
TITLE	D <input type="checkbox"/> DELETE
NAME	T.E. Joe Sanders
STREET ADDRESS	2412 Perez
CITY-ST-ZIP	Tallahassee, Florida
TITLE	D <input type="checkbox"/> DELETE
NAME	Dan Holloway
STREET ADDRESS	402 Audubon Drive
CITY-ST-ZIP	Tallahassee, Florida
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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******165.00 ****165.00**



14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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: Vernon E. Sanders 7-16-97 904-222-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

(2)

CATLEDGE, SANDERS & SANDERS

Certified Public Accountants

250 EAST SIXTH AVENUE

POST OFFICE BOX 4144

TALLAHASSEE, FLORIDA 32315

WESLEY W. CATLEDGE, JR., C. P. A.
VERNON E. SANDERS, C. P. A.
T. E. "JOE" SANDERS, C. P. A.
DAN W. HOLLOWAY, C. P. A.

TELEPHONE (904) 222-1608

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 16, 1997

Annual Reports Filings
Attn: Leslie Sellers
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Profit Corporation Annual Report for 1997

Dear Ms. Sellers:

You will find enclosed a completed Report for Profit Corporation for 1997 and a check to the Florida Department of State for \$165.

We previously mailed in our preprinted form we received on January 6, 1997 with a check payable for \$165 to the Department of State. As per our conversation by phone, the check never cleared the bank. It is my understanding that the early returns processed in January of 1997 were destroyed during the processing. The only explanation that we can provide to you is that ours must have been one of those destroyed.

Thank you for your help in resolving this matter. If you should need additional information please let me know.

Sincerely,



Vernon E. Sanders

VES/jh
Enclosure