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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997 AMMENDED

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745706

1. Corporation Name

Principal Place of Business	Mailing Address
RT 2 BOX 107 EAST PALATKA FL 32131 US	RT 2 BOX 107 EAST PALATKA FL 32131 US

3. Date Incorporated or Qualified: 01/24/1979
3a. Date of Last Report: 02/25/1997

2. Principal Place of Business
21 RT 2 BOX 80
Suite, Apt. #, etc.
22 E. PALATKA FL 32131
City & State
23
Zip
24
Country
25 PUTNAM

2a. Mailing Address
26 RT 2 BOX 105
Suite, Apt. #, etc.
27 E. PALATKA FL 32131
City & State
28
Zip
29
Country
30 PUTNAM

4. FEI Number: 59-2518205 ☐ 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

9. Name and Address of Current Registered Agent

HIMEBAUGH, ALLEN
115 MARGARITA RD.
PORT BUENA VISTA SUBDIV
E. PALATKA, FL. 32131

10. Name and Address of New Registered Agent

81 Name: BURKE, HENRY
82 Street Address (P.O. Box Number is Not Acceptable): 107 MARGARITA RD?
83 EAST PALATKA
84 City: FL 85 Zip Code: 32131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Henry J Burke Jrea DATE: MAY 9, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, IVY RT 2 BOX 78 E PALATKA FL 32131 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	BURKE, HENRY RT 2 BOX 80 E PALATKA FL 32131 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, DONNA RT 2 BOX 88A N/A E PALATKA FL 32131 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	PRICE, ELLEN J. RT 2 BOX 105 E. PALATKA, FL. 32131 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FANNING, DOROTHY RT 2, BOX 88 E PALATKA, FL. 32131 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002190948 -05/27/97--01019--032 ***61.25
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	HIMEBAUGH ALLEN RT 2 BOX 107 E. PALATKA, FL 32131 ☒ DELETE	6.1 TITLE D 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☒ Change ☐ Addition ANDERSON, JULIA RT 2 BOX 110 E PALATKA, FL 32131 CS 5/14/97

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen J. Price Secretary/D. 5/09/97 (904) 325-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone