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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837597

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LUCO DEVELOPMENT INCORPORATED

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May 14 1997 8:00am

Secretary of State

P. O BOX 1800S MOBILE AL 39616-1006 3. Date Incorporated or Quelified 3e. Date of Leaf Report 1/2/28/1975 3e. Date of Leaf Report 1/2/28/19	Principal Pla	ice of Business	Mailing Address			· _ · · · · · · · · · · · · · · · · · ·			1111 1111 BIBI		
3. Date Incorporated or Overlined 12/28/1975 2. Principal Flutze of Plumicias 2. A Mailing Address 3. Left Humber 12/28/1975 3. Applied 3. Applied 3. Applied 3. Applied 3. Applied 3. Applied 3. Surfic, Apr. #, etc. 3. Surfic, Apr. #, etc. 3. Surfic, Apr. #, etc. 3. Country 3. Country 3. Country 4. Principal Statute 4. Fill Williams 5. Certificate of Statuta Desired 6. The companion has ballity for Interplate Desired 6. The companion has been desired by the support Desired 6. The companion has ballity for Interplate Desired 6. The companion has been desired Desired 6. The companion ha	P O BOX 160306 P O BOX 16030			6							
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Copy & State Country 2 2 Country 2 Country	1	it.#, etc	h				5. Certificate of Status Desired				
Country Zip Country Zip Country State scorporation has biblility for intangible tax under s. 1994 Since and Address of Current Registered Agent Since and Address of New Registered Agent DiCKSON, MAX LE. 7200 N 9TH AVE SUITE 6 PENSACOLA FL 32504 Since and Address of New Registered Agent Since and Address of New Registered Agent Since and Address of New Registered Agent Dick and Address D	_ City & Sta	ate	F-¬ *				, , ,				
9. Name and Address of Current Registered Agent DICKSON, MAX LE. 7200 N 9TH AVE SUITE 6 PENSACOLA FL 32504 82 Street Address (P.O. Box Number is Not Acceptable) 83 Cry 84 Cry 85 Cry 85 Cry 85 Cry 86 Cry 86 Cry 86 Cry 86 Cry 86 Cry 86 Cry 87 Cry 88 Cry 87 Cry 88 Cry 88 Cry 89 Cry 80 Cry		Country	Ζιρ	Count	try					. 199.032,	
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DUCKSON, MAX EL. 7200 N 9TH AVE SUITE 6 PENSACOLA FL 32504 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 City FL 86 Zip Code 88 Zibrel Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80		9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered	Agent		
SUITE 6 PENSACOLA FL 32504 83 City FL 85 City FL 85	Did	CKSON, MAX L.E.		6	31	Name					
PENSACOLA FL 32504 83 64 City FL 85 Zip Code The Foresiant 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 register of the purpose of c					32	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
1. Pursuant to the provisions of Sections 607 0500 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis office or registered agent, or both in the State of Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE 2. OFFICERS AND DIRECTORS 11. THILE 2. OFFICERS AND DIRECTORS 12. NAME SAINT, JOHN B. SAINT, JOHN B. SSI BELTINE HWY. S. MOBILE AL 1. THILE				8	33						
11. For such to the processions of Sections 607 0502 and 607 1508, Floride Statutes, the above-arrived corporation submits this statement for the purpose of changing its region office or registered agent, or both in the Sule of Floride Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent at our hamiliar with, and accept the obligations of , Section 607 0505, Floride Statutes.				8	34	City		E 1	85 Zip	Code	
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4. 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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3097 (334)4761200