


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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842358** (4)

1. Corporation Name  
**R.L. CASEY, INC.**

Principal Place of Business

**C/O J. NIXON DANIEL III  
7TH FLOOR BRENT BLDG  
PENSACOLA FL 32576**

Mailing Address

**C/O J. NIXON DANIEL III  
7TH FLOOR BRENT BLDG  
PENSACOLA FL 32576  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/12/1979</b>	4. FEI Number <b>56-1212844</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

**DANIEL, J. NIXON III  
7TH FLOOR BRENT BLDG  
PENSACOLA FL 32576**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, ROBERT L SR	1.2 NAME	
STREET ADDRESS	5906 CARDINAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, GRACIE J. (SEC)	2.2 NAME	
STREET ADDRESS	5906 CARDINAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, COMMIE R	3.2 NAME	
STREET ADDRESS	7769 HWY 68 N	3.3 STREET ADDRESS	
CITY-ST-ZIP	STOKESDALE NC	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRR, FRANK	4.2 NAME	
STREET ADDRESS	4609 HALE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLIMAX, NC.	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWERTON, ANTHONY D	5.2 NAME	
STREET ADDRESS	9022 COUNTY LINE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERVILLE NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Anthony D. Howerton

SIGNATURE: *Anthony D. Howerton* **ONE REQUIRED**

1-12-98

336-292-8227

CR2E034 (10/97)