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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F32091** **(3)**

1. Corporation Name
THE SENTERFITT CORPORATION

Principal Place of Business	Mailing Address
% OLEN SENTERFITT **1341 BLUEBERRY LANE** **FORT WALTON BEACH FL 32547-1134**	**% OLEN SENTERFITT** **1341 BLUEBERRY LANE** **FORT WALTON BEACH FL 32547-1134**

2. Principal Place of Business	2a. Mailing Address
21 333 Camp Nebo Rd.	26 333 Camp Nebo Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holt, Florida	City & State 28 Holt, Florida
Zip 24 32564 Country 25 Okaloosa	Zip 29 32564 Country 30 Okaloosa

3. Date Incorporated or Qualified: 04/24/1981
3a. Date of Last Report: 03/21/1996
4. FEI Number: 59-2125915 ☐ 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

SENTERFITT, OLEN
1341 BLUEBERRY LANE
FORT WALTON BEACH FL 32548

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 initiated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SENTERFITT, OLEN		1.2 NAME	Senterfitt, olen	
STREET ADDRESS	1341 BLUEBERRY LANE		1.3 STREET ADDRESS	333 Camp Nebo Rd.	
CITY-ST-ZIP	FT WALTON BCH FL		1.4 CITY-ST-ZIP	Holt, FL 32564	
TITLE	VTS	☐ DELETE	2.1 TITLE	VTS	☒ Change ☐ Addition
NAME	SENTERFITT, LINDA KAY		2.2 NAME	Senterfitt, Linda Kay	
STREET ADDRESS	1341 BLUEBERRY LANE		2.3 STREET ADDRESS	333 Camp Nebo Rd.	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	Holt, Fl. 32564	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (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 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] Olen Senterfitt 4/24/97 (904)523-5419