

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F50567** (9)
1. Corporation Name
MIRACLE STRIP ENTERPRISES, INC.

Principal Place of Business Mailing Address
**1036 W 23RD ST
PO BOX 15007
PANAMA CITY FL 32406**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/21/1981** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2144267** 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. 100.032, Florida Statutes Yes 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 25 29 30

9. Name and Address of Current Registered Agent
**HUDSON, JOHN H.
1703 RHODE ISLAND W.
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable) **1200 SOUTH PINE ISLAND ROAD**

83

84 City **PLANTATION** FL 85 Zip Code **33324**

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 *Sharon L. Gahlau* **SHARON L. GAHLAU (ASST. V.P.)** **5-8-95**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when the following apply) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUDSON, JOHN H., (CHMN)
STREET ADDRESS	1703 RHODE ISLAND W.
CITY - ST - ZIP	LYNN HAVEN FL
TITLE	DV
NAME	COTTON, FRANCES
STREET ADDRESS	3000 FAIRMONT DR.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	V
NAME	SMITH, WILLIAM, I
STREET ADDRESS	916 LAUREL OAK LN
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN P. MORGAN	
1.3 STREET ADDRESS	595 JENNER DR	
1.4 CITY - ST - ZIP	ALLEGAN MI 49010	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENDRIK G. MEIJER	
2.3 STREET ADDRESS	595 JENNER DR	
2.4 CITY - ST - ZIP	ALLEGAN MI 49010	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *John P. Morgan* **John P. Morgan** **5-1-95**
Signature and typed or printed name of signing officer or director Date (Day/Month/Year)