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Apr 21 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 # F63053 (5)

1. Corporation Name  
MAINOR ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business

% JAMES MAINOR  
5855 HILLCREST DRIVE  
CRESTVIEW FL 32539  
US

Mailing Address

% JAMES MAINOR  
5855 HILLCREST DRIVE  
CRESTVIEW FL 32539-8100  
US



3. Date Incorporated or Qualified 01/12/1982  
3a. Date of Last Report 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2826 Edgewater Dr	26 PO Box 369	59-2181061	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 Niceville, FL	28 Niceville, FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24 32578	29 32588		
Country	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25 USA	30 USA		

9. Name and Address of Current Registered Agent

MAINOR, JAMES M  
5855 HILLCREST DR  
CRESTVIEW FL 32538-8144

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Mainor, James M	32578
82 Street Address (P.O. Box Number is Not Acceptable)	
2826 Edgewater Drive	
83	
84 City	
Niceville	
FL	

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 James M Mainor President April 7, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	MAINOR, JAMES M	1.2 NAME	
STREET ADDRESS	5855 HILLCREST DR	1.3 STREET ADDRESS	2826 Edgewater DR
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VS	2.1 TITLE	
NAME	MAINOR, BEVERLY W	2.2 NAME	
STREET ADDRESS	5855 HILLCREST DR	2.3 STREET ADDRESS	2826 Edgewater Drive
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: James M Mainor President April 7, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 729-3625

CR2E034 (9/96)