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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F83680

(1)

J. ERNEST COLLINS, P.A.

FILED									
May 02 1997 8:00am									
Secretary of State									

Principal Place of Business Mailing Address										
231 E. FOURTH ST. PO BOX 517 PANAMA CITY FL 32402		231 E. FOURTH ST. PO BOX 517 PANAMA CITY FL 32402-			Date Incorporated or Qualified	3a. D	ate of Last R	enorl	1	
						06/02/1982	_ I	/01/1996	op.o.t	
2. Principal Pl	ace of Businoss	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For	
21		26	the contraction of the contracti			59-2201118			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State		City & State	F≕¬ '			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Cour	try		8. This corporation has liability for			199.032,	
24	25	29	30			Florida Statutes Yes No				
	9. Name and Address of Cur	rent Registered Agent		B1	N	10. Name and Address of New Ro	gistered	Agent		1
	LINS, J ERNEST		Ľ		Name					l
	E 4TH ST. IAMA CITY FL 32401		[B2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)]
PAIN	PAMPA CHIT FL 32701		1	вз	.					1
			.	B4	City			los l Zin /	Ocala .	-
				- 1	City		FL	85 Zip (l
11. Pursuant to office or reasont. La	o the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	tes, the ab authorized lorida Statu	ove by ites.	 named corpo the corporatio 	oration submits this statement for the on's board of directors. I hereby acce	purpose o pt the app	f changing its pointment as	s registered registered	
SIGNATURE	,									
	Signature, typed or printed name of registerco	agent and title it applicable (NO AND DIRECTORS	TE: Registored	Ager	it signature required		DATE	DIDECTOR	10 IN 40	ļ,
12.	DP OF ICERS /	DELETE	1.1 Till			ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition	{ }
NAME	COLLINS, J ERNEST		1.2 NAME			•		C. Cgo		17
STREET ADDRESS	311 HOLUS AVE				ADDRESS					١٤
CITY-ST-ZIP	BANANA OFFICE		1.4 CIT	Y-\$T	- ZIP					Š
TITLE	DELETE 2:		2.1 TITU	2.1 TITLE			· · ·	Change	Addition	٦
NAME			2.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE			2. 4 CIT		1-ZIP	7.7.7.1.2.7.1.2.7.1.1.1.1.1.1.1.1.1.1.1.		Change	Addition	{
NAME			3 2 NAM					Unange	L. AUGILION	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CIT							
TITLE		DELLTE	4.1 TITLE					Change	Addition	
NAME			4. 2 NA	ME						
STREET ADORESS			4.3 S1REE		i					
CITY-ST-ZIP		DELETE	4.4 CITY-		-7IP			Change	(Addison	1
TITLE		LJ DELETE	5.1 TITLE					Change	Addition	
NAME Street adoress			5.2 NAME		ADORESS					
CITY-ST-ZIP			5.4 CIT							
TITLE		DELFTE	611111					Change	Addition	1
NAME			6.2 NAM	ΝE				-		
STREET ADDRESS			6.3 S1F	EET A	ADURESS					
CITY-ST-ZIP			6.4 CIT	y · SI	- 217	TO THE PERSON OF THE SECOND OF	<u> </u>			
14 Lala harah	w partite that the information com-	trad unth this filing dags ant and	it . I av than a		matica atatad i	in Continu 110 07/9/6) Florida Ctatut	مس ال سيكا مم		16.4	

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 or supplemental arnual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or directoriol 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 to anged, or appear attachment with an address.

CIGNATURE

est colline

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