

FILED
Apr 05, 2004 08:00 AM
Secretary of State

Mailing Address
P.O. BOX 5768
MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE



03312004 No Chq-P CR2E034 (10/03)

4. FBI Number
63-0921974

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TYLER, J. PHILIP
2910 RUSS ST.
MARIANNA, FL 32446

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

INOTE Registered Agent signature required when reinstating

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLIS, JAMES C
STREET ADDRESS	1130 APPIAN WAY
CITY - ST - ZIP	DOTHAN, AL 36303

TITLE	SD
NAME	PRICE, GEORGE F
STREET ADDRESS	105 LINDSEY LN.
CITY - ST - ZIP	DOTHAN, AL 36303

TITLE	T
NAME	CHESHIRE, T. LEON
STREET ADDRESS	209 PLANTATION RD.
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	VPD
NAME	FLOWERS, BILL
STREET ADDRESS	4 TWIN OAKS
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000102385
04/05/04-80013-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

David's Phone is