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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

F96000000803 (4) DOCUMENT #

GALLOWAY, JOHNSON, TOMPKINS & BURR A PROFESIONAL LAW CORPORATION

Principal Place of Business	Mailing Address  55 BAYBRIDGE DRIVE GULF BREEZE FL 32561 US		
SS BAYBRIDGE ORIVE GULF BREEZE FL 32561 US			
2. Principal Place of Business	2a. Mailing Address		

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					4 ISBNIGE ANG SOME END BRITT B			
SS BAYBRIDGE ORIVE SS BAYBRIDGE DRIVE								
GULF BREEZE FL 32561 GULF BREEZE FL 32561			FL 32561			DO NOT WOLLE IN THIS OBJOE		
, <b>0</b> 8		US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						02/15/1996		
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number Applied For		
21		26				72-1089568 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, etc.			SS 75 Additional			
27					5. Certificate of Status Desired Fee Required			
City & State City & State		9			6. Election Campaign Financing \$5.00 May Be			
28					Trust Fund Contribution Added to Fees			
Zip 24	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible		
241	9, Name and Address of Curre	29 29 Agen	30	30]		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
Ril	RR, TIMOTHY T	gottorou rigott	`	81	Name	10, Name and Address of New Hegistered Agent		
	BAYBRIDGE DR							
GULF BREEZE FL 32561				82 Street Address (P.O. Box Number is Not Acceptable)				
1				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								
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 ag-	· · · · · · · · · · · · · · · · · · ·			nt signature rec	equired when reinstaling) DATE		
12.	OFFICERS AN	ID DIRECTORS	DELETE 1.1		1.5	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GALLOWAY, JOHN E	اسا		TITLE		Richard G. Duplantier IT. Change Addition		
STREET ADDRESS	4817 JANICE STREET			NAME		256 City Park Auc		
CITY-ST-ZIP	KENNER LA					new orleans. hA 70119		
TITLE	V	П	:	CITY-ST TITLE	1 - ZIP	Director Change Addition		
NAME	JOHNSON, J M	_		NAME	1 -	Ruger Allen		
STREET ADDRESS	<b>61 CHATEAU MOUTON DRIV</b>	Œ			ADDRESS	3.4 Broodway		
CITY-ST-ZIP	<b>KE</b> NNER LA			CITY-S		new Orleans, WA 70118		
TITLE	\$			TITLE		Dreiter Change Addition		
NAME	TOMPKINS, JAMES M		3.21	NAME		harry Canada		
STREET ADDRESS	2004 MILFORD		3.3 9	STREET	ADDRESS	6915 Vicksbury St		
CITY-ST-ZIP	HOUSTON TX		3.4.	CITY-S	T-ZIP	new orleans, WA 70124		
TITLE	THE THAT IN S		DELETE 4.1 1	TITLE		Dred Change Addition		
NAME	BURR, TIMOTHY F		4.2	NAME	5	Jeffrey Diamond 1		
STREET ADDRESS	8 SLEEPY HOLLOW LANE SUDELL LA		4.3 8	STREET A	address 3	3018 Bluegrass Court		
CITY-ST-ZIP	SUNEUT DA	· · · · · · · · · · · · · · · · · · ·		CITY-ST		Missouri (14) 1 X 17754		
TITLE	<b>SM</b> ITH, THOMAS J	Ц	DELETE 5.1 T			Change Addition		
NAME	403 RIVER OAKS DR.			NAME	<b>1</b>	Michael Grimley		
STREET ADDRESS	COVINGTON LA		l l		ADDRESS			
CITY-ST-ZIP TITLE				ITY-ST TTLE	- ZIP	Metaria, W. 7000S		
NAME	BURR, TIMOTHY T	Ш			1.	Mark Chare LAddition		
STREET ADDRESS	208 PINTREE DRIVE			NAME STOCET A	ADDRESS   1	1806 B Sugar Hill		
CITY-ST-ZIP	GULF BREEZE FL			SIREEL A SITY-ST		Houston, TX 77042		
OIT I - OI - EIF		·	■ 0.4 €	VIII.91	- ¢IF	MUV-5 1 VA 1 / UTA		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplied 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 of the receiver or trustoe 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 ampiddress.

850 934-3800