

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

FILED

**May 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002533 (5)
1. Corporation Name
SECTION 16000, INC.



Principal Place of Business 1605B ROCHELLE ST. MOBILE AL 36693	Mailing Address 1605B ROCHELLE ST. MOBILE AL 36693
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 709 Glover Avenue Suite, Apt. #, etc. 22 City & State 23 Enterprise, AL Zip 24 36330	2a. Mailing Address 26 709 Glover Avenue Suite, Apt. #, etc. 27 City & State 28 Enterprise, AL Zip 29 36330	3. Date Incorporated or Qualified 05/21/1996
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4. FEI Number 63-1118890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	TAUNTON, DONALD E	
STREET ADDRESS	6370 LOVELADY RD.	
CITY-ST-ZIP	DADEVILLE AL 36853	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BRETER, DONALD R	
STREET ADDRESS	2862 WYATTWOOD LN.	
CITY-ST-ZIP	MOBILE AL 36693	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANNER, LARRY D	
STREET ADDRESS	15375 EARLVILLE RD.	
CITY-ST-ZIP	CITRONELLE AL 36522	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SATOR, WENDY N	
STREET ADDRESS	8021 SUZANNE WAY	
CITY-ST-ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taunton, Donald E.	
1.3 STREET ADDRESS	6370 Lovelady Rd.	
1.4 CITY-ST-ZIP	Dadeville AL 36853	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Breter, Donald R.	
2.3 STREET ADDRESS	2862 Wyattwood Ln.	
2.4 CITY-ST-ZIP	Mobile AL 36693	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tanner, Larry D.	
3.3 STREET ADDRESS	Rt. 1 Box 109	
3.4 CITY-ST-ZIP	Hartford AL 36344	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sator, Wendy N.	
4.3 STREET ADDRESS	Rt. 4 Box 668	
4.4 CITY-ST-ZIP	Enterprise AL 36330	
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 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)