


FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90003 048 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002533

1. Corporation Name
SECTION 16000, INC.

Principal Place of Business 709 GLOVER AVE ENTERPRISE AL 36330 US	Mailing Address 709 GLOVER AVE ENTERPRISE AL 36330 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1996		4. FEI Number 63-118890	Applied For <input type="checkbox"/> Not Applicable
21. Principal Place of Business 21	22a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc. 22	27. Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State 23	28. City & State ENTERPRISE, AL	8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip 24	29. Zip 36331-1147	30. Country COFFEE	

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) 236 EAST 6th AVE	83 City TALLAHASSEE, FL 32303	85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUNTON, DONALD E	1.2 NAME	
STREET ADDRESS	6370 LOVELADY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADEVILLE AL 36853	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETER, DONALD R	2.2 NAME	
STREET ADDRESS	2862 WYATTWOOD LN.	2.3 STREET ADDRESS	527 CO RD 724
CITY-ST-ZIP	MOBILE AL 36693	2.4 CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, LARRY D	3.2 NAME	
STREET ADDRESS	RT-1-BOX-109	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD AL 36344	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATOR, WENDY N	4.2 NAME	
STREET ADDRESS	RT 4 BOX 688	4.3 STREET ADDRESS	5648 HIGHWAY 27
CITY-ST-ZIP	ENTERPRISE AL 36330	4.4 CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Wendy Sator _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/99)