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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G00510

(9)

STATE STREET MANAGEMENT CORPORATION

Prodipe: Place of Business  111 COUNTRY CLUB RD PENSACOLA FL 32507 US  2. Principal Pence of Business 21 Suite, Apt. #, etc. 22		Mailing Address 111 COUNTRY CLUB RD PENSACOLA FL 32507-3530 US  28. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/17/1982 05/01/1996 4. FEI Number Applied For S9-2223568 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State   <b>23</b>     Zip   TITT	Country	City & Stale  28  Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for		to Fees
24	25 9. Name and Address of Current	29  Registered Agent	30		Florida Statutes  10. Name and Address of New Re		
PARKHURST, FRANK R., III 111 COUNTRY CLUB ROAD PENSACOLA FL 32507				Name Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	Code
office or n agent i ar SIGNATURI	og stered agent or both, in the State on the obligation in the obligation of the obligation of manufactors agent.	of Florida. Such change water ions of, Section 607.0505, and tite if applicable (N	s authorized b Florida Statute OIL: Registered Ap	y the corporal is.	poration submits this statement for the p tion's board of directors. I hereby accep and when reinstaing)	ot the appointment as	registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
10.3 1546   S. REET KOOF(55)   COTY   SEE ZIP	PARKHURST, FRANK R III 111 COUNTRY CLUB ROAD PENSACOLA, FL 00000	[_] DELETE	1.4 CITY-	T ADDRESS	,	L_  Change	L Addition
NAME STEEL ADVIAGES GUY-ST ZE		[] OELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	T ADDRESS		[_] Change	L_ Addition
TRUE NAME STREET MIDRESS CITY 51-749		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	T ADDRESS	••	- 2 Change	Addition
NAM. SIREH KODESES COY SUZIE		DELETE	4.1 TITLE 4.2 NAMI	T ADDRESS		Change	L Addition
To LE  NAME  STREET ACCURAGES  COLVEST ZIP		☐ DELETE	5.1 Title 5.2 Name	1 ADDRESS		Change	Addition
TOTAL NAME		DELETE	6.1 TITLE 6.2 NAME			Change	Addition

STREET AMORESS

CCY-SU7-

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

**FILED** 

May 06 1997 8:00am

Secretary of State

t duntell auch auch murde aben seter man alaif Bille Bille auch ainte blatt sauf

14. I do hereby certify that the information supplied with this filling 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 eath; that fair an officer or director of this 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 charger, or on an attachment with an address.