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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANI	1997	DIVI	Secretary SION OF CO	of State RPORATIONS	Secreta	ry oi	State
		•	(O)		(124())), pani man amu 44() amu bis	n negy biper årbis sti	Thi biểu Billia 1864
Principal Place of Business Mailing Address BISHOP HOLIFIELD 110 UNCOUN ST TALLAHASSEE FL 32301 Mailing Address Mailing Address TALLAHASSEE FL 32301 Mailing Address TALLAHASSEE FL 32301			LIFIELD 8T	17	3. Date Incorporated or Qualified 38. Date of Last Report		
					12/27/1982	11/14/1	
2. Principal 21	Place of Business	2a. Mailing Add	dress		4. FEt Number 59-2288008		Applied For Not Applicable
Suite An	nt. # etc:	Suite, Apt. :	#, etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	.75 Additional
City & St	ate	City & State)		6. Election Campaign Financing	\$5	5.00 May Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for		dded to Fees
24	25	29	34		Florida Statutes	Yes No	00) B. 185.00£,
	9. Name and Address of IOLIFIELD, MARILYN	of Current Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
				84 City the above-named intorized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. I hereby accepted by the properties of the pro	FL 85 ourpose of change the appointment	Zip Code ging its registered int as registered
12.		CEFS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
NAME STREET ADDRES	HOLIFIELD, B. 110 LINCOLN ST TALLAHASSEE FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Cr	kange □ Addition
CCTY - ST - 7IP TITLE	D		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		□ cr	nange
NAME STREET ADORES				2.2 NAME 2.3 STREET ADDRESS	,		
CHY ST-7/P THEF NAME	TALLAHASSEE FL D HOUFIELD, DO-	V	DELETE	2. 4 City-St-ZiP 3.1 Title 3.2 Name	· ·	Cr	nange
STHEET ADDRES	4040 001101000			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE NAME	P HOLIFIELD, E.		DELETE	4.1 TITLE 4. 2 NAME		Cr	nange Addition
STREET ADDRES	TALLAHASSEE FL		DELETE	4.3 STREEY ADDRESS	Water States States States States	□ CF	nange Addition
THLE NAMI STREET ADORES		_	DESC. IE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		L. 01	ande Fit Vonton
CHY-SL 24F THO NAME	MIAMI FL		DELETE	5.4 CITY - ST - ZIP 61 TITLE 62 NAME			nange Addition

6.4 CITY - ST - ZIP CiTY - \$1 - 2iP 14. I do 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

1.1g/15周件 保险**项目的**数据(* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

May 02 1997 8:00am