

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra W. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1998 8:00am
Secretary of State

DOCUMENT # G61933 (9)
1. Corporation Name
CHARLES E. PORCH, O.D., P.A.

Principal Place of Business: 807 GARDEN GATE CIRCLE, PENSACOLA FL 32504
Mailing Address: 1013 AIRPORT BLVD, 5100 N 9TH AVE, PENSACOLA FL 32504-6735, US

3. Date Incorporated or Qualified: 10/01/1983
3a. Date of Last Report: 2/97

21	21. Principal Place of Business	22	22. Mailing Address	4.	4. FEI Number 59-2326971	Applied For	Not Applicable
22	22. Suits, Apt. #, etc.	27	27. Suits, Apt. #, etc.	5.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	23. City & State	28	28. City & State	6.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24. Country	29	29. Country	7.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

8. Name and Address of Current Registered Agent PORCH, CHARLES E O.D. 6006 WEST SHORE DRIVE PENSACOLA FL 32526				10. Name and Address of New Registered Agent			
81	81. Name			82	82. Street Address (P.O. Box Number is Not Acceptable)		
83	83. City			84	84. State	85	85. Zip Code
					FL		

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0508, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORCH, CHARLES E O.D.	1.2 NAME	
STREET ADDRESS	6006 WEST SHORE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32526	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500002529325
STREET ADDRESS		5.3 STREET ADDRESS	-05/19/98--01061--888
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***150.00 050
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 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.

SIGNATURE: Charles E. Porch

10/5/99