

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G96348** (9)

1. Corporation Name

FLORALA CORPORATION



Principal Place of Business

Mailing Address

5121 GULF DRIVE **Gulf Dr.**
P.O. BOX ~~9810~~ **9898**
PANAMA CITY BEACH FL 32408
US

P.O. BOX 9610
P.O. BOX 9610
PANAMA CITY BEACH FL 32417
US

3. Date Incorporated or Qualified 04/16/1984	3a. Date of Last Report 07/13/1995
4. FEI Number 59-2386554	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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **5121 Gulf Dr.**

26 **P.O. Box 9898**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **PCB, FL**

28 **PCB FL**

24 Zip

25 Country

29 Zip

30 Country

32408

Bay

32417

Bay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANNON, JAMES
5123 GULF DR.
P.O. BOX 9610
PANAMA CITY BEACH FL 32407

81 Name	Tonita A. Davis
82 Street Address (P.O. Box Number is Not Acceptable)	5121 Gulf Dr.
83	P.O. Box 9898
84 City	PCB
85 Zip Code	FL 32408

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

Marina J. Wiles

(NOTE: Registered Agent signature required when terminating)

7-9-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, JAMES	
STREET ADDRESS	5121 GULF DRIVE	
CITY-STATE-ZIP	PANAMA CITY BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILES, MARCIA J.	
STREET ADDRESS	HALE AVENUE	
CITY-STATE-ZIP	PANAMA CITY BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, JAMES	
STREET ADDRESS	5121 GULF DR	
CITY-STATE-ZIP	PCB FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Tonita A. Davis	
13 STREET ADDRESS	5121 Gulf Dr.	
14 CITY-STATE-ZIP	PCB, FL	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Tonita A. Davis	
23 STREET ADDRESS	5121 Gulf Dr.	
24 CITY-STATE-ZIP	PCB, FL	
31 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Tonita A. Davis	
33 STREET ADDRESS	5121 Gulf Dr.	
34 CITY-STATE-ZIP	PCB, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marina J. Wiles

7-9-96

Date

904-235-3555

Daytime Phone #