


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED  
Apr 08 1996 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # H22621 (7)</b>			
1. Corporation Name <b>PALMETTO OPERATIONS, INC.</b>			

Principal Place of Business <b>150 MAGNOLIA AVE. PO BOX 2491 DAYTONA BEACH FL 32115-9491</b>	Mailing Address <b>150 MAGNOLIA AVE. PO BOX 2491 DAYTONA BEACH FL 32115-9491</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/25/1984</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>59-2446875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32014</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KANEY, JONATHAN D JR.	1.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOND, JAY D., JR.	2.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WARREN COLE, JR.	3.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	KANEY, J. LESTER	4.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	BELL, SAMUEL P	5.2 NAME	
STREET ADDRESS	131 GADSDEN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	COBB, THOMAS T.	6.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: 43-96 (904) 255-8171

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**1996 ANNUAL REPORT**

**PALMETTO OPERATIONS, INC.**

**ITEM 12. LIST OF OFFICERS AND DIRECTORS  
CONT.**

7.1 Title	V/D
7.2 Name	C. Allen Watts
7.3 Street Address	150 Magnolia Avenue
7.4 City-St-Zip	Daytona Beach, FL 32114