

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H23664 (6)

1. Corporation Name
CATALOOCHEE FARM, INC.



Principal Place of Business 1243 LAKEVIEW ROAD PO BOX #5147 CLEARWATER FL 34618	Mailing Address 1243 LAKEVIEW ROAD PO BOX #5147 CLEARWATER FL 34618-5147
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2. Principal Place of Business 21 90 Carolina Mountain Properties 2215 Dellwood Rd. W. Suite A Waynesville, N.C. 28786 USA	2a. Mailing Address 27 90 Carolina Mountain Prop. 2215 Dellwood Rd. W. Suite A Waynesville N.C. 28786 USA	3. Date Incorporated or Qualified 10/02/1984	3a. Date of Last Report 09/19/1996
		4. FEI Number 59-1412365	Applied For 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	

9. Name and Address of Current Registered Agent

**WIGHTMAN, W S JR
 1243 LAKEVIEW ROAD
 CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	
82	
83	
84	
85 Zip Code	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-appointing)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIGHTMAN, W. S. JR.	
STREET ADDRESS	2116 DELLWOOD PD	
CITY-ST-ZIP	WAYNESVILLE NC	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WIGHTMAN, SUZANNE	
STREET ADDRESS	530 LUZON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, JERRY	
STREET ADDRESS	17376 267TH LN	
CITY-ST-ZIP	REDLANDS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYRE, DENISE	
STREET ADDRESS	632 BOSPHOROS	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEAL, CAROL K.	
STREET ADDRESS	2722 INDIAN SPRINGS RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, PAMELA W.	
STREET ADDRESS	598 LANGFORD CT.	
CITY-ST-ZIP	STONE MOUNTAIN GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Wightman, W.S. JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.D.	
1.3 STREET ADDRESS	2215 Dellwood Rd. W. Suite A	
1.4 CITY-ST-ZIP	Waynesville, N.C. 28786	
2.1 TITLE	Marilyn Wightman STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2215 Dellwood Rd. W. Suite A	
2.4 CITY-ST-ZIP	Waynesville, N.C. 28786	
3.1 TITLE	Suzanne Rood VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4515 Henderson Blvd.	
3.4 CITY-ST-ZIP	Tampa, FLA-33629	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, changes, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)