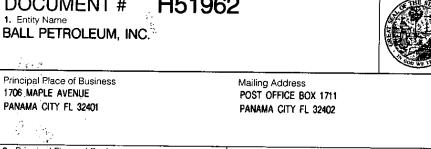
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

H51962





1919				<i>y</i>		
Principal Place of Business Mailing Ad 1706 MAPLE AVENUE POST OFF		Mailing Address POST OFFICE BOX 1711 PANAMA CITY FL 32402				
2. Principal Place of Business		3. Mailing Address			ill Bibli bibli bibli bibli bibli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4		
				CHECK HERE IF MAKING CHANGES		
³ City & State City & State		City & State		4. FEI Number 59-2514249	Applied For	
Zip	Country	Zip	Country	 	Not Applicable \$8.75 Additional	
	6. Name and Address of Current I	Registered Agent			Fee Required	
			Name			
TATE, ROBERT E. 806 HWY 90 WEST			Street Address (P.O. Box Number is Not Acceptable)			
1	90 WES1 EW FL 32536					
ONEO(VII	-W 1 E 02300					
			City	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 May Be	
Make Check	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME	TATE, ROBERT E	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	1706 MAPLE AVENUE		STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	<u> </u>	CITY-ST-ZIP			
TITLE NAME	ST STEWART, ROBERT A	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	1		STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP			
TITLE NAME	VP	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	STYRON, MICHELLE 806 HWY 90 W		NAME STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL 32586		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZiP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Γ	Change Addition	
NAME STREET ADDRESS			NAME	_	_ Stange Number	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	ertify that the information supplied with th	is filing does not qualify for the		ction 119.07(3)(i) Florida Statutes Uturther certific	that the information	

12 indicated on this report or supplemental 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 10 or Block 11 if the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03 850.785-4674