

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

FILED
May 12 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 # H52535 (2)
 1. Corporation Name
ECONFINA CREEK CANOE LIVERY, INC.



Principal Place of Business STRICKLAND RD RT B BOX 1570 YOUNGSTOWN FL 32466	Mailing Address 5641-A PORTERPOND RD YOUNGSTOWN FL 32466-3803
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1985	3a. Date of Last Report 09/04/1996
21 5641-A Porter Pond Rd	26 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	28 City & State	4. FEI Number 59-2745327	Applied For Not Applicable
22 City & State Youngstown FL	29 Zip 32466	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**GAY, DEBRA S
 STRICKLAND ROAD
 YOUNGSTOWN FL 32466**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, DEBRA S	1.2 NAME	
STREET ADDRESS	STRICKLAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, DEBRA S	2.2 NAME	
STREET ADDRESS	STRICKLAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	2.4 CITY-ST-ZIP	
TITLE		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		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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:

Debra S. Gay **DEBRA S. GAY** **8/20/97** **904/222-9032**

CR2E034 (9/96)