

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

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97 SEP -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McAtam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H63954 (2)

1. Corporation Name
SEA DRIFTER OF PANAMA CITY, INC.

Principal Place of Business 115 KENTUCKY AVE P.O. BOX 213 LYNN HAVEN FL 32444	Mailing Address 115 KENTUCKY AVE P.O. BOX 213 LYNN HAVEN FL 32444-0213
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550.00

1/89, 2/91, 10/69

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	3. Date Incorporated or Qualified 06/12/1985	3a. Date of Last Report 06/17/1996
		4. FEI Number 57-0314572	Applied for Not Applicable
		5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARNETTE, EARL
6531 EVERLY STREET
YOUNGSTOWN FL 32486

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETTE, EARL	1.2 NAME	
STREET ADDRESS	115 KENTUCKY AVE	1.3 STREET ADDRESS	800002288588-5
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	-09/09/97--01072--005
TITLE	ST	2.1 TITLE	****385.00 ****385.00
NAME	BARNETTE, SHARON	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 KENTUCKY AVE	2.3 STREET ADDRESS	800002288588-5
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.4 CITY-ST-ZIP	-09/09/97--01072--006
TITLE		3.1 TITLE	****165.00 ****165.00
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: *Sandra B. McAtam* *1/23/97* *9/27/01/57*

CR2E034 (9/96)