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Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H69703** (7)

1. Corporation Name  
**BOILING SPRINGS LAND DEVELOPMENT, INC.**



Principal Place of Business  
**1511 W. GOVERNMENT ST.  
PENSACOLA FL 32501  
US**

Mailing Address  
**1511 W. GOVERNMENT ST.  
PENSACOLA FL 32501-5318  
US**

3. Date Incorporated or Qualified <b>08/05/1985</b>	3a. Date of Last Report <b>01/22/1996</b>
4. FEI Number <b>59-2647928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip

9. Name and Address of Current Registered Agent

**STACKHOUSE, HARRY B.  
125 W. ROMANA ST.  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, J.B.	1.2 NAME	
STREET ADDRESS	201 E. GOVERNMENT ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKHOUSE, HERBERT F.JR	2.2 NAME	
STREET ADDRESS	1817 E. BLOUNT STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKHOUSE, HARRY B.	3.2 NAME	
STREET ADDRESS	125 W.ROMANA ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKHOUSE, HERBERT F.	4.2 NAME	
STREET ADDRESS	219 THAYER AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HOWARD B.	5.2 NAME	
STREET ADDRESS	P.O.BOX 1314 N/A	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CONWAY SC	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Herbert F. Stackhouse Jr.* 2/21/97 904-433-2191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)