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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 30 1997 8:00am

Secretary of State

	MENT # H79330 IDRY AGENCY, INC.	(7)		100/01/01/01/00/01/01/01/01/01/01/01/01/	1/d// 1/d// 1/d// 1/d// 1/d// 1/d// 1/d// 1/d//
Principal Plac		Mailing Address			
220 E HWY 98 174 COUNTRY CLUB RO. #A SHALIMAR FL 32579-1634		D			
DESTIN FL 325 US	541			2 Evila Incorporated as Ovalitad	Too Bata all and Barrell
				3. Date Incorporated or Qualified 10/04/1985	<b>3a.</b> Date of Last Report <b>02/13/1996</b>
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	MAIN STREET	Suite, Apt. #, etc.		59-2587472	Not Applicable
22 SV1		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip 37.6	Country Country	28	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees intangible tax under s 199.032.
24	25 BKALOUS A	29	30]	Florida Statutes	Yes No
A. 11	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	DRY, PATRICIA A. COUNTRY CLUB ROAD				
SHALIMAR FL 32579			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
\$ 10.00			83		
			84 City	TTO TALL	F 85 Zip Code
SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed have of registered agent OFFICERS AND	and life if applicable (NOT	authorized by the corporal irida Statutes.  Figistered Agent signature requi-	poration submits this statement for the plan's board of directors. I hereby accepted when registating)  ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PST	☐ DELF1E	1 1 TITLE		Change Addition
NAME	GUIDRY, PATRICIA A.		1.2 NAME		
STREET ADDRESS	174 COUNTRY CLUB RD SHALIMAR FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VP	DECETE	1.4 CITY - S1 - ZIP 2.1 THLE		Change Addition
NAME	GUIDRY, ROLAND D.		2.2 NAME		onango
STREET ADDRESS	174 COUNTRY CLUB ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL		2. 4 CH1Y - S1 - ZIP		
TITLE 3.		LI DELETE	3.1 TITLE 3.2 NAME		L_] Change L Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE	1.	☐ DELETE	4.1 10↓€		Change Addition
NAME	χ·		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY- ST-71P 5.1 HTGF		☐ Change ☐ Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	5.4 CHY-S1-7IP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ DELETE	61 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		,
CITY-ST-ZIP			6.4 CITY-ST-ZiP		
	by certify that the information supplied	with this filing does not qualif		Lin Section 119 07(3)(i) Florida Statute	e. I further certify that the

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 17 changed, or on any quadrified with an address.