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

DOCUMENT # H93962

(9)

BAYOU	BOOK COMPANY of Business	Mailing Address			
% CHESSER, MICHAEL, D.		% CHESSER, MICHAEL, D.	% CHESSER, MICHAEL, D.		
1118 JOHN SIMS PKWY		1118 JOHN SIMS PKWY			
NICEVILLE FL 3 US	52578	NICEVILLE FL 32578-2204 US		3. Date Incorporated or Qualified	3a. Date of Last Report
		••		01/10/1986	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		56-0901518	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	10		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Res	jistered Agent
	SSER, D. MICHAEL		81 Name		
	JOHN, SIMS PKWY		82 Street Ac	dress (P.O. Box Number is Not Accepted	(e) - M/- /
NICEVILLE FL 32578			conect	- address: III8 Janu Si	ins Pkuy
			63		
1			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named co	prporation submits this statement for the p	urpose of charming its registered
office or re	egistered agoal, or both, in the State	of Florida. Such change was au	thorized by the corpo	ration's board of directors. I hereby accep	t the appointment as registered
	1 - H	in Chin	oa otatates		
SIGNATURE .	Signature, typed or printed name of registrated age		Registered Agent signature re		DA1L.
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
THILE	PD Chesser, Carolyn A.	L_ DELETE	1.1 TIFLE	corrected addre	72 Change Montion
NAME STREET ADDRESS	102 KENT COURT		1.2 NAME 1.3 STREET ADDRESS	122 Bayou Dr. Niceville, Fl.	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY - ST - ZIP	Mireo. ue, Pt.	
TITLE		DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY - ST - ZIP		<u></u>	2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAM(3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3 4. CITY - \$1 - ZIP		Change Addition
TITLE NAME		LI DECETE	4 1 TITLE 4 2 NAME		C. Change C. Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ov cortify that the information supplies	d with this filing does not qualify	for the exemption sta	ted in Section 119.07(3)(i), Florida Statute:	s. I further certify that the
informatio I am an of	in indicated on this annual report or s	supplemental annual report is tru r the receiver or trustee empowe	ie and accurate and the red to execute this rej	hat my signature shall have the same legal port as required by Chapter 607, Florida S	I effect as if made under oath; that

2/5/64 904-678-1593

FILED

Feb 13 1997 8:00am

Secretary of State