FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)H93962 **BAYOU BOOK COMPANY**

Feb 26 1998 8:00am Secretary of State

Principal Place of Business			Mi	Mailing Address					r reasien éver renea virié réves avive tiès alous elem éven) elem évelt évelt évelt (éa).	
% CHESSER, MICHAEL, D.				% CHESSER, MICHAEL. D.						
1118 JOHN SIMS PKWY NICEVILLE FL 32578				1118 JOHN SIMS PKWY					DO NOT WRITE IN THIS SPACE	
NRCEVILLE PL 325/8				NICEVILLE FL 32578 US					3. Date Incorporated or Qualified	
								· · · · · · · · · · · · · · · · · · ·	01/10/1986	
2. Principal F	riace of Busi		2a. Mailing Address					4. FEI Number Applied Fo		
21 Suite Ant	# atc	26	Suite, Apt. #, etc.					56-0901518 Not Applica		
Suite, Apt.	. ₩, € (C.	Ь						5. Certificate of Status Desired \$8.75 Additional Fee Regulred	ıl ,	
City & State			27	City & State					6. Election Campaign Financing \$5.00 May Be	
23			28	28					Trust Fund Contribution Added to Fees	
Zip				Zip Country			у		This corporation owes or has paid the current year Intangible	_
24	25		29	- ·		-, ·			Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Curre		tered Agent	<u> </u>		_		10. Name and Address of New Registered Agent	
CH	ESSER, D.	MICHAEL				81		Name		
1118 JOHN SIMMS PKWY							١.	Street Address	ess (P.O. Box Number is Not Acceptable)	
NICEVILLE FL 32578				82 S			Ί.	Olicel Muulei	(BIGRIADOS DE LIGHT OF THE CO. 17 CO. 17 CO.	
•							1			
	:					84	1	City	FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sections 607.05	02 and 6	07.1508, Florida Statu	nes, th	ne abov	/ 0 -1	named corpo	oration submits this statement for the purpose of changing its registe	red
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		, and and appropriate them;	J	,,					•	
SIGNATURE	Signature, types	or printed name of registered a	gent and tille	il applicable (NO	TE: Regi	istered Ag	jent	t signature required	od when reinstating) DATE	_
12.		OFFICERS A	ND DIREC			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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NAME]				6	5.2 NAME		J		
STREET ADDRESS				6.3 STREET ADORE			T AD	DORESS		1
	1					A CITY I		**		

14. 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:

880-678-1593