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May 02 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 # H97023 (6)
1. Corporation Name
MACHRISTE, INC.



Principal Place of Business
100 EAST 19TH STREET
PANAMA CITY FL 32405

Mailing Address
100 EAST 19TH STREET
PANAMA CITY FL 32405-4706

3. Date Incorporated or Qualified
01/31/1986

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2637876

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SOUTHERLAND, MARY SUE
100 EAST 19 STREET
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	SOUTHERLAND, W. STEVE	
STREET ADDRESS	100 EAST 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	DELETE
NAME	SOUTHERLAND, MARY SUE	
STREET ADDRESS	100 EAST 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	DELETE
NAME	SOUTHERLAND, STEVE II	
STREET ADDRESS	100 E 19 ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	DELETE
NAME	WAY, SUZANNE S.	
STREET ADDRESS	100 EAST 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	SOUTHERLAND, TIM	
STREET ADDRESS	100 E 19 ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	SOUTHERLAND, SHANE	
STREET ADDRESS	100 E 19 ST	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

[Signature]

4/28/97

(904) 785-8532

CR2E034 (9/96)