SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (8)J12177 **DOCUMENT # CORI TURST INCORPORATED** Mailing Address Principal Place of Business HWY. 20 P.O.BOX 539 3a. Date of Last Report P.O.BOX 539 HOLLISTER FL 32147-0539 3. Date Incorporated or Qualified **HOLLISTER FL 32147-0539** 05/25/1995 04/29/1986 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 59-2936524 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite Apt #, etc 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199 032 23 Country 2 ipYes No Country Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) TILTON, JUDI W. STAR ROUTE 40 PALATKA FL 32077 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOT). Registered Agent signatum required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)Signer at Type day people timing of registered agost and bite diapplicable 13. OFFICERS AND DIRECTORS Change 12. DELETE 1111111 CR2E034 PD TITLE 1.2 NAME TILTON, JUDI W NAME 1.3 STREET ADDRESS P. O. BOX 609, HWY 310 STREET ADDRESS 1.4 CHY - ST - ZIP Change Addition HOLLISTER FL 32147 CITY-ST-ZIP DELETE 2 1 1 ITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIF Change Addition City-St-ZiP DELFIE 3.1 Tille TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY - ST - ZIP 4 1 111LE DELE TE TITLE NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 TIFLE TITLE 52 NAME NAME 53 STHEET ADDRESS STREET ADDRESS 5.4 CHY - ST-7IP Change Addition City-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 of director of the corporation or that receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address 6.4 CiTY - ST- ZIP

OFFICER OR DIRECTOR

SIGNATURE:

0131772