

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

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67837 (1)
 1. Corporation Name
SCRIPTURA INSPIRATIONAL RESOURCES, INC.



Principal Place of Business 2020 W. BRANDON BLVD SUITE 155 BRANDON FL 33511 US	Mailing Address 2020 W. BRANDON BLVD SUITE 155 BRANDON FL 33511-4732 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1987	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2822661	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARNER, GLORIA J. 2714 DE MONTMOLLIN ROAD 1309 E SPENCER STREET PLANT CITY FL 33566		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: *Gloria J. Warner* **GLORIA J. WARNER** **3/12/97**
Signature required for principal office change, registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, DONALD W.	1.2 NAME	
STREET ADDRESS	1309 E. SPENCER ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, FRANKLIN D.	2.2 NAME	
STREET ADDRESS	2714 DEMONTMOLLIN RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, GLORIA J.	3.2 NAME	
STREET ADDRESS	1308 E. SPENCER ST.	3.3 STREET ADDRESS	1309 E. Spencer St.
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, SHARON W.	4.2 NAME	
STREET ADDRESS	2714 DEMONTMOLLIN RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Gloria J. Warner* **GLORIA J. WARNER** **3/12/97** **813/653-0755**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)