


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 27, 1999 8:00 am**  
**Secretary of State**  
 08-27-1999 90001 048 \*\*\*550.00

0003834

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # J67837**

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 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>04/13/1987</b>	
4. FEI Number <b>59-2822661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WARNER, GLORIA J.  
 1309 E SPENCER ST  
 PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name <b>Sharon W. Crosby</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2714 deMontmollin Rd</b>	
83	
84 City <b>Plant City</b>	85 Zip Code <b>FL 33565</b>

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: Sharon W. Crosby DATE: 8-23-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WARNER, DONALD W.</b>
STREET ADDRESS	<b>1309 E. SPENCER ST.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>CROSBY, FRANKLIN D.</b>
STREET ADDRESS	<b>2714 DEMONTMOLLIN RD.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WARNER, GLORIA J.</b>
STREET ADDRESS	<b>1309 E SPENCER ST</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CROSBY, SHARON W.</b>
STREET ADDRESS	<b>2714 DEMONTMOLLIN RD.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Sharon W. Crosby DATE: 8-23-99 PHONE: 813/653-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)