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Jan 17 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 # J89789 (8)

1. Corporation Name
78A, INC.



Principal Place of Business

KIRBY THOMPSON RD.
P.O. BOX 1048
LABELLE FL 33935

Mailing Address

KIRBY THOMPSON RD.
P.O. BOX 1048
LABELLE FL 33975-1048

3. Date Incorporated or Qualified 08/28/1987	3a. Date of Last Report 01/22/1996
4. FEI Number 65-0010979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 251 KIRBY THOMPSON ROAD Suite, Apt. #, etc.	26 P.O. BOX 2550 Suite, Apt. #, etc.
22 City & State 23 LABELLE, FL 33975 Zip Country 24 33975 25 USA	27 City & State 28 LABELLE, FL 33975 Zip Country 29 33975 30 USA

9. Name and Address of Current Registered Agent

JONES, BETTI P.
KIRBY THOMPSON RD.
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name BETTI P. JONES
82 Street Address (P.O. Box Number is Not Acceptable) 251 KIRBY THOMPSON ROAD
83
84 City LABELLE FL 85 Zip Code 33975

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

Betti P. Jones

BETTI P. JONES - SECRETARY

1/11/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, THOMAS A. POB 1048 KIRBY THOMPSON LABELLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD THOMAS A. JONES 251 KIRBY THOMPSON P.O. BOX 2550 LABELLE, FL 33975 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JONES, BETTI P. POB 1048 KIRBY THOMPSON LABELLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD BETTI P. JONES 251 KIRBY THOMPSON P.O. BOX 2550 LABELLE, FL 33975 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97
Date

941-675-0303
Daytime Phone #

0408309

CR2E034 (9/96)