FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96942** **(4)**

1. Corporate Name

FUTURE ENTERPRISES OF WAKULLA COUNTY, INC.

Principal Place of Business
ROUTE 3, BOX 5111
CRAWFORDVILLE FL 32327

Mailing Address
ROUTE 3, BOX 5111
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1987
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business
21

2a. Mailing Address
26 2473 CRAWFORDVILLE Hwy.

4. FEI Number: 59-2859159 — Applied For / Not Applicable

Suite Apt # etc.
22

Suite Apt # etc.
27

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State
23

City & State
28 CRAWFORDVILLE FL

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

24 25 29 32327 30 WAKULLA

7. This corporation is a small business corporation as defined in s. 1361.41, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DEMENT, MARGARET
HIGHWAY 319 (NORTH OF CRAWFORDVILLE)
ROUTE 3, BOX 5111
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

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 Section 607.0505 Florida Statutes, the undersigned corporation submits the 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, I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEMENT, FRANKLIN J.
STREET ADDRESS	RT 3, BOX 5111 (HWY 319)
CITY, ST, ZIP	CRAWFORDVILLE FL
TITLE	STD
NAME	DEMENT, MARGARET
STREET ADDRESS	RT 3, BOX 5111 (HWY 319)
CITY, ST, ZIP	CRAWFORDVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I declare I verify that the information supplied with this filing is complete and accurate and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further verify that the corporation has filed its annual report or supplemental annual report, if required, or certify 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed or added) on an attached sheet with an address.

SIGNATURE: Margaret Dement — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 — Date

904-926-7100 — Telephone #

0020292 CP