


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

FILED

May 23 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 # K65025 (4)			
1. Corporation Name PALMER BUILDING AND DEVELOPMENT CORPORATION, INC			
Principal Place of Business 10 WAX MYRTLE 702 FERNANDINA BEACH FL 32034 US		Mailing Address 10 WAX MYRTLE 702 FERNANDINA BEACH FL 32034-8528 US	
2. Principal Place of Business 21 56 Marsh Creek Rd. Suite, Apt. #, etc. 22 City & State 23 Amelia Island, Fl. Zip 24 32034 Country 25 USA		2a. Mailing Address 26 56 Marsh Creek Rd. Suite, Apt. #, etc. 27 City & State 28 Amelia Island, Fl. Zip 29 32034 Country 30	
9. Name and Address of Current Registered Agent PALMER, MARY E. 10 WAX MYRTLE FERNANDINA BEACH FL 32034		10. Name and Address of New Registered Agent 81 Name Palmer, Mary E. 82 Street Address (P.O. Box Number is Not Acceptable) 83 56 Marsh Creek Rd. 84 City Amelia Island FL 85 Zip Code 32034	
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 Mary E. Palmer, Mary E. Palmer, President DATE 5-5-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME PALMER, MARY E STREET ADDRESS 10 WAX MYRTLE CITY-ST-ZIP FERNANDINA BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Mary E. Palmer 1.3 STREET ADDRESS 56 Marsh Creek Rd. 1.4 CITY-ST-ZIP Amelia Island, Fl. 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PALMER, GARY R STREET ADDRESS 10 WAX MYRTLE CITY-ST-ZIP FERNANDINA BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME Gary R. Palmer 2.3 STREET ADDRESS 56 Marsh Creek Rd. 2.4 CITY-ST-ZIP Amelia Island, Fl. 32034	<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: Mary E. Palmer, Mary E. Palmer, Pres. 5/5/97 (904) 277-4588 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)