


FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 29 1997 8:00am Secretary of State	
DOCUMENT # K77462 (5)					
1. Corporation Name BAYOU RUNNER, INC.					
Principal Place of Business % CHARLES A. PAPROCKI 116 LAIRD CIRCLE PANAMA CITY BEACH FL 32408			Mailing Address % CHARLES A. PAPROCKI 116 LAIRD CIRCLE PANAMA CITY BEACH FL 32408-7802		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1989	
21		26		4. FEI Number 59-2952037	
Suite, Apt. #, etc.		Suite Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent PAPROCKI, CHARLES A. 116 LAIRD CIRCLE PANAMA CITY BEACH FL 32408			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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PAPROCKI, CHARLES A.					
1.3 STREET ADDRESS 116 LAIRD CIRCLE					
1.4 CITY-ST-ZIP PANAMA CITY BCH FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME HARDY, RONALD E.					
2.3 STREET ADDRESS 3805-A THOMAS DR.					
2.4 CITY-ST-ZIP PANAMA CITY BCH FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME ST					
3.3 STREET ADDRESS PAPROCKI, JOAN M					
3.4 CITY-ST-ZIP 116 LAIRD CIRCLE					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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					
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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 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: _____ Date _____ Daytime Phone # _____					

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