

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K79378** (1)  
1. Corporation Name  
**PCWRC, INC.**

Principal Place of Business <b>767 AIRPORT ROAD PANAMA CITY FL 32405 US</b>	Mailing Address <b>767 AIRPORT ROAD PANAMA CITY FL 32405-4000 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1989</b>	3a. Date of Last Report <b>04/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2950739</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**SAMUELIAN, RON  
707 W. 19TH ST.  
PANAMA CITY FL 32405**

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

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	D	DELETE		1.1 TITLE		Change	Addition
NAME	STRINGER, DOUGLAS L.			1.2 NAME			
STREET ADDRESS	2011 HARRISON AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE		Change	Addition
NAME	GRACE, JOSEPH P.			2.2 NAME			
STREET ADDRESS	401 W. 19TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	MANER, THOMPSON C.			3.2 NAME			
STREET ADDRESS	801 E. 6TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	ROHAN, MICHAEL X.			4.2 NAME			
STREET ADDRESS	408 W. 19TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 19.07(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:

*[Signature]*  
3-31-97

CR2E034 (9/96)