

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

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Feb 18 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 # K92079

(8)

1. Corporation Name
COLONIAL PURCHASING, INC.



Principal Place of Business
13201 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34601

Mailing Address
13201 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34601-4458

3. Date Incorporated or Qualified 06/01/1989	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2960411	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent LOWMAN, MATTHEW E. 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	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
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME LOWMAN, MATTHEW E. STREET ADDRESS 13201 OLD CRYSTAL RIVER CITY- ST- ZIP BROOKSVILLE FL	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. 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 of this report, or in an attachment with an address.

SIGNATURE: Matthew Lowman 2/14/97 352763049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)