


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

FILED

May 19 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 # L24117 (8) 1. Corporation Name MACON ROADS, INC.					
Principal Place of Business C/O CLIFFORD R. RHOADES 107 N. RIDGEWOOD DRIVE, SUITE 11 SEBRING FL 33870			Mailing Address C/O CLIFFORD R. RHOADES 107 N. RIDGEWOOD DRIVE, SUITE 11 SEBRING FL 33870-7202		
2. Principal Place of Business 21 1213 Melody Lane Suite, Apt. #, etc. 22 City & State 23 Sebring, FL Zip 24 33872		2a. Mailing Address 26 1213 Melody Lane Suite, Apt. #, etc. 27 City & State 28 Sebring, FL Zip 29 United States		3. Date Incorporated or Qualified 10/20/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0159940 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CLIFFORD, RHOADES P 227 NORTH RIDGEWOOD SR. SEBRING FL 33870			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 re-registering) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUCKMAN, CONDA E.		1.2 NAME	Singha, David R.	
STREET ADDRESS	1213 MELODY LANE		1.3 STREET ADDRESS	1213 Melody Lane	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	Sebring, Fl 33872	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	RUCKMAN, MARJORIE G.		2.2 NAME		
STREET ADDRESS	1213 MELODY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKMAN, STEVEN E.		3.2 NAME		
STREET ADDRESS	1213 MELODY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKMAN, RICKY J.		4.2 NAME		
STREET ADDRESS	1213 MELODY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 amendment with an addressee.

SIGNATURE: _____

4/24/97 941-385-7579

CR2E034 (9/96)