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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

	e of Business	Mailing Address P O BOX 12722				
MARIANNA FL 32446 US		TALLAMASSEE FL 32317-2722 US		3. Date Incorporated or Qualified	3a. Date of Last Report	
					12/22/1989	05/01/1996
l	Place of Business	2a. Mailing Address		,	4. FEI Number	Applied For
21		26			59-3001055	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State				Fee Required
23	le .	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	v	8. This corporation has liability for in	
24	25	29	30	,	· · · · · · · · · · · · · · · · · · ·	Yes X No
- 1	9. Name and Address of Curre				10. Name and Address of New Reg	
KIN	INEY, RILEY		81	Name		
2215 TEN OAKS DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
	LAHASSEE FL 32132		"	Olicel Add	areas (1.0. Box Hamber is Not Neceptar	,
			83			
			84	City		85 Zip Code
			ا ا	City		FL S Z P COOK
office or i agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accopt the obti- signature, typed or printed hance of repeared a	gations of, Section 607.0505, F	Torida Statute	S.	rporation submits this statement for the p ation's board of directors. Thereby accep ured whee reinstaling)	t the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TATLE			Change Addition
NAME	BUSBY, JOE EARL		1.2 NAME			
STREET ADDRESS	RT. #6 BOX 179-B		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MARIANNA FL		1,4 CITY-	ST - 7IP		
TITLE	DP .	☐ DELETE	2.1 TITLE			Change Addition
NAME	COPELAND, JOHNNIE F. JR.		2.2 NAME			
STREET ADDRESS	1514 SHADOW RIDGE CIRCI	LE	2.3 STREE	I ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-	ST - ZIP		A
TALE	DV	DELETE	3.1 TALE			Change Addition
NAME	KINNEY, J. RILEY		3.2 NAME			
STREET ADDRESS	2215 TEN OAKS DR			T ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL		3.4. CITY - 4.1 Till E	S1- ZIP		Change Addition
	ı	בַן טנננונ	4.1 THEF			□ Audulde □ Vagution
NAME Street address				T ADDRESS		
CITY-ST-ZIP			4.3 SINCE			
TITLE			5.1 Tritt	01 211		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TALE	And the state of t		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			P .	1 ADDRESS		
01714 67 34D			CARITY			

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.

FILED

Apr 25 1997 8:00am

Secretary of State