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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

	MENT # L94755 & DOOLEY, INC.	(0)						
Principal Place of Business Mailing Address						AL OLDA FIELD		
425 HWY 98 W APALACHICOLA FL 32320		425 HWY 96 W APALACHICOLA FL 32320-1238 US						
					3. Date Incorporated or Qualified 08/21/1990		ate of Last Ro /17/1996	eport
	Incipal Place of Business 2a. Mailing Address				4. FEI Number		<u>-</u>	plied For
21	Suite Apt # etc Suite Apt # etc.				59-3024236			t Applicable
Cano, rep. 11, 515					5. Certificate of Status Desired	XX	\$8.75 A	
22 City & State		City & State		6. Election Campaign Financing		\$5.00		
23		28			Trust Fund Contribution		Added to	
Zip 24	Country Zip 25 29		Country 30		8. This corporation has liability for Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XXII yes No		
	9. Name and Address of Current				10. Name and Address of New Ro	agistered	Agent	
SHL	JLER, J. GORDON		81	Name	ame			
100-218T AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)			n·-	
APALACHICOLA FL 32320			-					
			83					
			84	City		FL	85 Zip (Code
44 Diverged	to the provisious of Sections 607 0502	and 607 1508 Florida Statu	itos the abovi	o named	corporation submits this statement for the	nurnose c	Changing it.	s registered
SIGNATURE					d corporation submits this statement for the poration's board of directors. I hereby accentions the control of the poration's board of directors.	pt the app	oointment as	registered
12,	Signature, typed or printed name of registered agent and lete if applicable (NOT) OFFICERS AND DIRECTORS		13.	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	IS IN 12
TITLE	DPT	DELETE			Vice-Pres./Secreta:	ry	Change	K W iddilion
NAME	DOOLEY, MICHAEL WAYNE		1.2 NAME		Linda J. Dooley	_		
STREET ADDRESS	425 HWY 98 WEST		1.3 STREET	ADDRESS	30 Myrtle Avenue			
CITY - ST - ZIP	APALACHICOLA FL	Total control	1.4 CITY - 5	51 - ZIF	Apalachicola, Flor	ida	32329 1 Change	Addition
TITLE	DVPS	K K OELETE	2.1 7171.6				L_3 Ghange	☐ Modition
NAME	GIBBS, JIMMY DALE 1833 SANFORD DR.		2.2 NAME 2.3 STREET	1000000				
STREET ADDRESS	PRATTVILLE AL		2.4 CITY-					
CITY-ST-ZIP TITLE	FIGUREL PL	DELETE 3		31-211			☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DE LE TE	4 1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		~ 	Change	Addition
TITLE			5.2 NAME.				ondinge	
NAME STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	4		5.4 C(1)Y - 1					
TATLE		☐ DELETE	G.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CHY-	S1 - 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

MULLIVEN DE DEVER D

904-653-0695

FILED

Jul 02 1997 8:00am

Secretary of State