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Mar 27 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 # **N76665**

(2)

1. Corporation Name

RELISH THE THOUGHT, INC.



Principal Place of Business

**1020 MAGNOLIA DR.
QUINCY FL 32351**

Mailing Address

**1020 MAGNOLIA DR.
QUINCY FL 32351**

3. Date Incorporated or Qualified

04/13/1988

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, A. CLARK
2602 WEST 11TH STREET
PANAMA CITY FL 32401**

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 of person in name of registered agent and not applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CLARK, CHRISTOPHER M. | |
| STREET ADDRESS | 3074 OVERLOOK DR | |
| CITY- ST- ZIP | CLEARWATER FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CLARK, JOHN E. | |
| STREET ADDRESS | 1020 MAGNOLIA DRIVE | |
| CITY- ST- ZIP | QUINCY FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | CLARK, IRENE | |
| STREET ADDRESS | 1020 MAGNOLIA DRIVE | |
| CITY- ST- ZIP | QUINCY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CLARK, JOHN | |
| STREET ADDRESS | 105 MONTROSS AVENUE | |
| CITY- ST- ZIP | RUTHERFORD NJ | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CLARK, THOMAS J. | |
| STREET ADDRESS | 139 ORCHARD STREET | |
| CITY- ST- ZIP | SIOUX CITY IA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 and data 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:

John E. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 (804) 875-7210
Date Daytime Phone

CR2E034 (9/96)