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**Apr 03 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 # M96344 (0)**

1. Corporation Name: **T.B. OF STARKE, INC.**



Principal Place of Business: **808 S WALNUT STARKE FL 32091**

Mailing Address: **1917 S FIRST STREET LAKE CITY FL 32025-5703 US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt #, etc.		Suite, Apt #, etc.		08/29/1988		03/25/1996		59-2907368	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Zip		Country		Country		Trust Fund Contribution	
Country		Country		Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		Country		Country		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

**MOSES, MICHAEL C.  
1917 S. FIRST STREET  
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

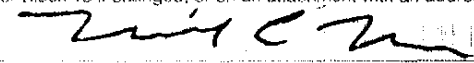
12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSES, MICHAEL</b>	
STREET ADDRESS	<b>1917 S FIRST STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, STEPHEN A.</b>	
STREET ADDRESS	<b>101 EAST MADISON ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSES, PHILIP J., JR.</b>	
STREET ADDRESS	<b>1421 S FIRST ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

SIGNATURE:  **3/31/97** **904/755-9673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)