


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06761** (3)

1. Corporation Name

W.H. STOUTAMIRE HEIRS ESTATE, INC.



Principal Place of Business	Mailing Address
W.E. AMOS SUMNER RT 1, BOX 61-A HOSFORD FL 32334	W.E. AMOS SUMNER RT 1, BOX 61-A HOSFORD FL 32334-8801

3. Date Incorporated or Qualified 12/20/1984	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2950292	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Country	25 Country	29 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMNER, E AMOS
RT 1, BOX 61-A
HOSFORD FL 32334

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST SUMNER, E. AMOS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, E. AMOS	1.2 NAME	
STREET ADDRESS	RT 1, BOX 61-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	1.4 CITY-ST-ZIP	
TITLE	D SUMNER, E. AMOS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, E. AMOS	2.2 NAME	
STREET ADDRESS	RT 1, BOX 61-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	2.4 CITY-ST-ZIP	
TITLE	D STOUTAMIRE, SARAH HOWARD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUTAMIRE, SARAH HOWARD	3.2 NAME	
STREET ADDRESS	309 SAND CREEK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL	3.4 CITY-ST-ZIP	
TITLE	VD STOUTAMIRE, ERA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUTAMIRE, ERA	4.2 NAME	
STREET ADDRESS	RT 1, BOX 61-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Amos Sumner (E AMOS SUMNER) 2/27/97 9043798554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0009284

CR2E037 (9/96)