

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11662 (6)

1. Corporation Name
OUTPOST MISSION, INC.



Principal Place of Business Mailing Address
311 ELLINGTON STREET C/O DONALD T. CLARKE, SR.
PORT CHARLOTTE FL 33593 311 ELLINGTON STREET C/O DONALD T. CLARKE, SR.
PORT CHARLOTTE FL 33953-1817

3. Date Incorporated or Qualified 10/01/1985 3a. Date of Last Report 01/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2605270 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CLARKE, DONALD T, SR 81 Name
311 ELLINGTON ST 82 Street Address (P.O. Box Number is Not Acceptable)
PORT CHARLOTTE FL 33593 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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | CLARKE, DONALD T | 1.2 NAME | |
| STREET ADDRESS | 311 ELLINGTON ST | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | PORT CHARLOTTE FL | 1.4 CITY- ST- ZIP | |
| TITLE | TD | 2.1 TITLE | |
| NAME | CLARKE, FAY L | 2.2 NAME | |
| STREET ADDRESS | 311 ELLINGTON ST | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | PORT CHARLOTTE FL | 2.4 CITY- ST- ZIP | |
| TITLE | S | 3.1 TITLE | |
| NAME | FIKE, CAROLINE | 3.2 NAME | |
| STREET ADDRESS | 183 S CHRISTMAS RD. | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | CHRISTMAS FL | 3.4 CITY- ST- ZIP | |
| TITLE | VD | 4.1 TITLE | |
| NAME | BATDORF, KURVIN | 4.2 NAME | |
| STREET ADDRESS | POTTSVILLE STREET | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | HERNDON PA | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: Jay P. Clarke Fay L. Clarke 1-3-97 627-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057806

CR2E037 (9/96)