


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 28 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28939 (9)**

1. Corporation Name  
**FLORIDA WEST COAST REGION AACA, INC.**



Principal Place of Business % JOHN N. BLACKARD 14968 IMPERIAL PT DRIVE NORTH LARGO FL 34644 US	Mailing Address % JOHN N. BLACKARD 14968 IMPERIAL PT DRIVE NORTH LARGO FL <del>34644</del> 33774-4911 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/20/1988</b>	3a. Date of Last Report <b>01/30/1996</b>
4. FEI Number <b>59-2682346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

**BLACKARD, JOHN N.  
 14968 IMPERIAL POINT DRIVE NORTH  
 LARGO FL ~~34644~~ 33774-4911**

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 <b>FL 33774-4911</b>

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 JOHN N. BLACKARD *John N. Blackard* 7/23/1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKARD, JOHN N.</b>	
STREET ADDRESS	<b>14968 POINT DRIVE NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOUFF, JIM</b>	
STREET ADDRESS	<b>10023, 109TH ST N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COURTER, JENNIE</b>	
STREET ADDRESS	<b>14962 CROWN DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, FRANK</b>	
STREET ADDRESS	<b>7400 BAY STREET NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCNULTY, ED</b>	
STREET ADDRESS	<b>3041 CEDAR TRACE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARRINGTON, BETTY</b>	
STREET ADDRESS	<b>7449 18TH STREET NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

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	<b>14968 Imperial Point Dr. No.</b>
1.4 CITY-ST-ZIP	<b>ZIP 33774-4911</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>T MILLS II, BILL</b>
2.3 STREET ADDRESS	<b>7929 98th St. N.</b>
2.4 CITY-ST-ZIP	<b>Seminole, Fl. 33777</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S WOOLDRIDGE, DEBRA</b>
3.3 STREET ADDRESS	<b>2871 Belcher Road</b>
3.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34683</b>
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	<b>D GOLDFOOT, ARNOLD</b>
5.3 STREET ADDRESS	<b>474 40th Ave. No.</b>
5.4 CITY-ST-ZIP	<b>St. Petersburg, Fl. 33703</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D GOODALL, JOE</b>
6.3 STREET ADDRESS	<b>5650 97th Way No.</b>
6.4 CITY-ST-ZIP	<b>St. Petersburg, Fl. 33707</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 JOHN N. BLACKARD *John N. Blackard* (413) 685-2551

CR2E037 (4/97)