


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 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 # N94000000648 (5) 1. Corporation Name RESIDENTS AND MEMBERS INCORPORATED TOGETHER					
Principal Place of Business 1029 BARRACUDA DR. PANAMA CITY BEACH FL 32411			Mailing Address P.O. BOX 28056 PANAMA CITY BEACH FL 32411-8056 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/31/1994 3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3254094 Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RADCLIFF, OWEN 1029 BARRACUDA DR. PANAMA CITY BEACH FL 32411			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 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	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANCHARD, JARRARD		1.2 NAME		
STREET ADDRESS	4434 BAY POINT RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULL, TOM		2.2 NAME		
STREET ADDRESS	909 COBIA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32411		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALLEDARE, WILLIAM		3.2 NAME		
STREET ADDRESS	1817 WEAFFISH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, DOROTHY		4.2 NAME		
STREET ADDRESS	236 MARLIN CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUSLER, IVAN		5.2 NAME		
STREET ADDRESS	7205 THOMAS DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADCLIFF, OWEN		6.2 NAME		
STREET ADDRESS	1029 BARRACUDA DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		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: <i>Owen E. Radcliff</i> OWEN E. RADCLIFF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)

Date

Daytime Phone #0006773