


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 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 # N94000002453 (8) 1. Corporation Name THE UNLIMITED PATH, INC.					
Principal Place of Business			Mailing Address		
882 W 11 ST SHOPPING CENTER PANAMA CITY FL 32401			882 W 11 ST SHOPPING CENTER PANAMA CITY FL 32401-2336		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/16/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		05/01/1996	
City & State		City & State		4. FEI Number	
23		28		59-3248418	
Zip		Country		Applied For	
24		25		Not Applicable	
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
RANDOLPH, BERTRAND 1416 N.E. 14TH TERRACE GAINESVILLE FL 32601		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
		10. Name and Address of New Registered Agent			
		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 _____					
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DR. ROBERT		1.2 NAME		
STREET ADDRESS	7338 HIGHWAY 2301		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDOLPH, BERTRAND		2.2 NAME		
STREET ADDRESS	1416 NE 14 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		2.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NOBLES, BRYANT		3.2 NAME	Director/Vice-President	
STREET ADDRESS	747 TARA FARMS RD.		3.3 STREET ADDRESS	Vaughan, Dorothy	
CITY-ST-ZIP	MIDDLEBURG FL 32068		3.4 CITY-ST-ZIP	4120 Voyles Road	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDOLPH, SHEILA		4.2 NAME		
STREET ADDRESS	1416 NE 14 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT-KEITH, GLORIA J		5.2 NAME		
STREET ADDRESS	1103 E 11 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, ROSE		6.2 NAME		
STREET ADDRESS	308 W 26 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		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>Sheila Randolph</i>			Signature and Typed or Printed Name of Signing Officer or Director: <i>Sheila Randolph</i> 352-375-8965 2/7/97		

CR2E037 (9/96)