

5/5/03

05-05-2003 91158 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080027
 1. Entity Name
 Cheridon Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

55045537

2. Principal Place of Business
 300 Vinings Way
 Suite, Apt. #, etc.
 Bldg 7-102
 City & State
 Destin, FL
 Zip
 32541

Country
 USA

3. Mailing Address
 300 Vinings Way
 Suite, Apt. #, etc.
 Bldg 7-102
 City & State
 Destin, FL
 Zip
 32541

Country
 USA

4. FEI Number
 51-0420684

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 John Hawkins

Street Address (P.O. Box Number is Not Acceptable)
 607 Highway 98 East

City
 Destin

FL Zip Code
 32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T Lacy Ann Adkinson 300 Vinings Way 7-102 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Don Adkinson 300 Vinings Way 7-102 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Edward J. Adkinson 300 Vinings Way 7-102 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 of an attachment with an address, with all other like empowered.

SIGNATURE: Don Adkinson 5/1/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)