2004 FOR PROFIT CORPORATION

FILED Jan 27, 2004 8:00 am Secretary of State

Daytime Phone #

ANNOAL NEFON							Secretary of State				
1. Entity Name	•	# P0300096 MMERCIAL CONS		01-27-2004 90003 036 ***150.00							
Principal Place	of Business	3	Mailing Address	Mailing Address		1					
11038 MIDDLE BCH RD.			11038 MIDDLE BCH RI								
PANAMA CITY BCH, FL 32407			PANAMA CITY BCH, FL 32407								
						 	*116 164 61 21	811171 61118 11791			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01192004	Chg-P	CR2E034	(10/03)			
City & State			City & State		4. FEI Number	-18959	181		oplied For ot Applicable		
Zip	Zip Country		Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Require		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
		• •	* *	•	Name						
WALTERS, ELIZABETH J ESQ. 221 MCKENZIE AVE.					Street Address (P.O. Box Number is Not Acceptable)						
PANAMA CITY, FL 32401											
					City	FL Zip Code					
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											
											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be led to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND D	JRECTOR!	S IN 11	
	D		□ Delete	TITL					Change	☐ Addition	
	HARRIS,	J. DAVID	NAME					_			
I	1		STRE		EET ADDRESS						
CITY-ST-ZIP	PANAMA	CITY BCH, FL 32407		CITY	'-ST-ZIP						
TITLE	D		☐ Delete	TITU	E				Change	☐ Addition	
I	NALL, J. V	WALLACE JR.	_ 23333	NAM	Œ				_ •	_	
STREET ADDRESS	119 EUCL	.ID AVE.		STRE	EET ADDRESS					•	
CITY-ST-ZIP	BIRMING	HAM, AL 35213		CITY	'-ST-ZIP						
TITLE	D		☐ Delete	TITL	E			Ţ	Change	☐ Addition	
NAME	BURNHA	M, WESLEY L JR.		NAM	Œ						
STREET ADDRESS	11212 FR	ONT BCH RD.	•	STRE	EET ADDRESS	-	• •	* .			
CITY-ST-ZIP	PANAMA	CITY BCH, FL 32407		CITY	'-ST-ZIP						
TITLE			☐ Delete	TITL	E			(Change	Addition	
NAME			•	NAM	Æ						
STREET ADDRESS					EET ADDRESS						
CłTY-ST-ZIP				CITY	/-ST-ZIP						
TITLE		j	☐ Delete	TITL		-			Change	Addition	
NAME				NAM							
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CITY-ST-ZIP				CHY	r-ST-ZIP						
TITLE			☐ Delete	TITL					Change	Addition	
NAME		•		NAN	i						
STREET ADDRESS				4	EET ADDRESS					ļ	
CITY-ST-ZIP					/-ST-ZIP						
12. I 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 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR