


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P19373 (0) 1. Corporation Name LAND LOCATORS, INC.		



Principal Place of Business P O BOX 1088 AUBURN AL 36830	Mailing Address P O BOX 1088 AUBURN AL 36831-1088
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1988	3a. Date of Last Report 03/25/1996
21		26		4. FEI Number 63-0937598	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

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	NOTO, LOUIS A.	1.2 NAME	
STREET ADDRESS	5554 PARKVIEW CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, MICHAEL V.	2.2 NAME	
STREET ADDRESS	753 E. GLENN AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, MICHAEL V.	3.2 NAME	
STREET ADDRESS	753 E. GLENN AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, CHARLES H., JR.	4.2 NAME	
STREET ADDRESS	753 E. GLENN AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	4.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROBEL, DAVID L.	5.2 NAME	
STREET ADDRESS	753 E. GLENN AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, CHARLES H., JR.	6.2 NAME	
STREET ADDRESS	753 E. GLENN AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4-4-97 DAYTIME PHONE: 334-821-0928

CR2E034 (9/96)