

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33248** (6)

1. Corporation Name
POWELL DEVELOPMENT CORPRATION



Principal Place of Business: **P.O. BOX 467 BROWNSVILLE TN 38012**
Mailing Address: **P.O. BOX 467 BROWNSVILLE TN 38012**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields.

3. Date Incorporated or Qualified: **03/21/1991**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **62-1458196**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

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's signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	POWELL, CHRISTOPHER N.	
STREET ADDRESS	1289 BOYD AVE.	
CITY - ST - ZIP	BROWNSVILLE TN	
TITLE	VD	<input type="checkbox"/>
NAME	POWELL, KIRBY O.	
STREET ADDRESS	1289 BOYD AVE.	
CITY - ST - ZIP	BROWNSVILLE TN	
TITLE	STD	<input type="checkbox"/>
NAME	GRANDY, TERRANCE D.	
STREET ADDRESS	540 MARY ESTHER CUT-OFF	
CITY - ST - ZIP	MARY ESTER FL	
TITLE	D	<input type="checkbox"/>
NAME	WEISS, JOSEPH L.	
STREET ADDRESS	4245 CHERRY CENTER DR,4	
CITY - ST - ZIP	MOHS TN	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS	507 MOONEY Rd		
34 CITY - ST - ZIP	FT. WALTON Bch, FL. 32547		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Terrance D. Grandy* 06/18/94 904 862-1010
TERRENCE D. GRANDY

CR2E034 (3/96)