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**Apr 04 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 # P92000005660 (5)

1. Corporation Name
SOLEDAD MANAGEMENT CORPORATION



Principal Place of Business: **121 RIVER ROAD SATSUMA FL 32189 US**
Mailing Address: **P.O. BOX 678 SATSUMA FL 32189-0678 US**

3. Date Incorporated or Qualified: **11/16/1992**
3a. Date of Last Report: **04/29/1996**
4. FEI Number: **59-3151398**
Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

**DANIEL L. WILSON
107 SHELL TRAIL
P.O. BOX 678
SATSUMA FL 32189**

10. Name and Address of New Registered Agent

81 Name: **DANIEL L. WILSON**
82 Street Address (P.O. Box Number is Not Acceptable): **121 RIVER ROAD**
83
84 City: **SATSUMA** FL 85 Zip Code: **32189**

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: *Daniel L. Wilson* DATE: **3/30/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DANIEL L. WILSON	
STREET ADDRESS	107 SHELL TRAIL, P.O. BOX 678	
CITY-STATE-ZIP	SATSUMA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATRICIA L. BARKSDALE	
STREET ADDRESS	107 SHELL TRAIL, P.O. BOX 678	
CITY-STATE-ZIP	SATSUMA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL L. WILSON	
1.3 STREET ADDRESS	121 RIVER ROAD P.O. BOX 678	
1.4 CITY-STATE-ZIP	SATSUMA FL 32189	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA L. WILSON	
2.3 STREET ADDRESS	121 RIVER ROAD PO BOX 678	
2.4 CITY-STATE-ZIP	SATSUMA FL 32189	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Daniel L. Wilson* **D L Wilson** DATE: **3/30/97** DAYTIME PHONE: **352-338-0815**

CR2E034 (9/96)