


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000012597 (0)**

1. Corporation Name
LNH FLORIDA, INC.



Principal Place of Business 300 ONE JACKSON PLACE 188 E CAPITOL STREET JACKSON MS 39201-2195 US	Mailing Address 300 ONE JACKSON PLACE 188 E CAPITOL STREET JACKSON MS 39201-2195 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1992	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-3158129 Applied For	
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SAUER, JEFFREY T 316 S BAYLEN STREET SUITE 600 PENSACOLA FL 32501				10. Name and Address of New Registered Agent	
24				81 Name	
25				82 Street Address (P.O. Box Number is Not Acceptable)	
26				83	
27				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.					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUER, JEFFREY T
316 S BAYLEN STREET
SUITE 600
PENSACOLA FL 32501

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEED, LELAND R	1.2 NAME	
STREET ADDRESS	300 ONE JACKSON PL 188 E CAPITOL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39210-2195	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, STEVEN G	2.2 NAME	
STREET ADDRESS	300 ONE JACKSON PL 188 E CAPITOL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39210-2195	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTER, DAVID H II	3.2 NAME	
STREET ADDRESS	300 ONE JACKSON PL 188 E CAPITOL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39210-2195	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEY, N K	4.2 NAME	
STREET ADDRESS	300 ONE JACKSON PL 188 E CAPITOL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39210-2195	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Diane W. Hayman Controller*

4-28-98

601-354-3555

CR2E034 (10/97)