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May 22 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 # P93000003161 (5)

1. Corporation Name
ASSET ADVISORS, INC.

Principal Place of Business

124 BAYBRIDGE
GULF BREEZE FL 32561
US

Mailing Address

P.O. BOX 99
GULF BREEZE FL 32562-0099
US



3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 350 Pensacola Beach Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite 7

4. FEI Number

59-3159274

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

City & State

23 Gulf Breeze, FL

City & State

28 Zip Country

24 32561

25 U.S.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, MARK III
124 BAYBRIDGE
GULF BREEZE FL 32561

81 Name

LYONS, MARK III

82 Street Address (P.O. Box Number is Not Acceptable)

68 Baybridge

83

Gulf Breeze

84 City

FL

85 Zip Code

32561

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 fee if applicable

(NOTE: Registered Agent signature required when re-nesting)

DATE

4-21-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LYONS, MARK III
STREET ADDRESS 124 BAYBRIDGE
CITY- ST- ZIP GULF BREEZE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE STD
NAME LEVIN, ALLEN R.
STREET ADDRESS 316 S BAYLEN STREE SUIT E280
CITY- ST- ZIP PENSACOLA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 904934.0440

Date

Daytime Phone

CR2E034 (9/96)