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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

I am an officer or director of the co appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P9300003275 (3)

RIGDON INVESTMENTS, INC.

Principal Place of Business Mailing Address 110 EGUN PKWY 8E 815 HWY 98 E FORT WALTON BEACH FL 32548 **DESTIN FL 32541-2701** 3a. Date of Last Report 3. Date incorporated or Qualified 01/08/1993 08/08/1996 My ling Address 2. Principal Place of Business Applied For 4. FEI Number OBOX 59-3159316 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 30 OKASLOOSA Ves □ No 24 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIGDON, CHARLES W 815 HWY 98 E Street Address (P.O. Box Number is Not Acceptable) 82 **DESTIN FL 32541** 83 84 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 arguature required when re-installing) Signature, typicd or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD Change Change Addition DELETE TITLE RIGDON, CHARLES NAME Bry DR. S.E. 815 HWY 98 E STREET ADDRESS 1 3 STREET ADDRESS **DESTIN FL** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 1111.6 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY- \$1-7IF CITY-ST-ZIP Change DELFTE 3 1 11716 Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAMI 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C/1Y - ST - Z/P 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 eath; that I am an officer or director of the convertion or the receiver or trusted employees to execute this report as required by Chapter 607, Florida Statutes; and that my name