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



**FILED** 

Mar 13 1997 8:00am

## Sandra B. Mortham

## **DOCUMENT** # P93000008574 (4)

STREET ADDRESS

The second secon	COF ANNI	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			1	Mar 13 1997 8:00ar Secretary of State		
Principal Place of Business  14715 LIVE OAK RD PANAMA CITY BEACH FL 32413 US  DOCUMENT # P93000008574 (4)  Mailing Address  14715 LIVE OAK RD PANAMA CITY BEACH FL 32413 US						3. Date Incorporated or Qualified 3a. Date of Last Report			
.    -	Princinal P	Principal Place of Business 2a. Mailing Address					01/28/1993 4. FEI Number	03/21/1996	
ž 21	<b>-</b>	copal race of business 28. Malling Address 26					65-0387015	Applied For	
2	Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc. 27			<del> </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
2			28	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip ]	25 29 30				<i>,</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No		
<b>%</b> -	6.00	9, Name and Address of Current Registered Agent  BI Name					10. Name and Address of New R	egistered Agent	
	14716 I B/E DAY DD					or raine			
3						Street Ad	ldress (P.O. Box Number is Not Accepta	ble)	
						<del></del>			
						0.7			
ŽL					84			FL 85 Zip Code	
	<ol> <li>Pursuant office or r agent. I a</li> </ol>	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o	.0502 and 60 State of Floric obligations of	07.1508, Florida Statuli la. Such change was a , Section 607.0505, Flo	es, the abov authorized by orida Statute	e-named co y the corpor s.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
ž (	SIGNATURE	'URE					:		
<b>2</b>   -	Signature, lypod or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS				: Registered Age	ont signature rec	quired when rehistating)	DATE CONTROL OF CONTRO	
	ITLE	PD DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition		
	IAME	HILL, JAYMEE			1.2 NAME				
. s	TREET ADDRESS	14715 LIVE OAK ROAD			1,3 STREET	ADDRESS			
Ç	HTY-ST-ZIP	-ST-ZIP PANAMA CITY FL			1.4 CHY-S1-ZIP				
	ITLE	☐ DELETE			2.1 TITLE			☐ Change ☐ Addition	
, A	IAME				22 NAME				
S	TREET ADDRESS				2 3 STREET	ADDRESS			
2	ITY-ST-ZIP					ST-ZIP			
	itle Iame				3 1 TITLE			Change Addition	
7-1	TREET ADDRESS				3.2 NAME 3.3 STREET	ADDRESS			
, ,	ITY-ST-ZIP	1			3.4. CITY -		:		
Ī	ITLE	☐ DELETE			4.1 TITLE	21 40		Change Addition	
N	AME :				4. 2 NAME				
I N S C N N	TREET ADDRESS				4.3 STREET	ADDRESS			
C	ITY-ST-ZIP	/ <del>2</del> /			4.4 CITY - S	1-2IP			
<u> </u>	ITLE	DELETE			5.1 TITLE			Change Addition	
į N	AME				5.2 NAME				
1 0	TREET ADDRESS				5.3 STREET				
	ITY-ST-ZIP			DELETE	54 CHY-S 61 TITLE	I - ZIP		☐ Change ☐ Addition	
%  "				bull DELLIE	O I HILLE			L Change Addition	

6.2 NAME

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 atlachment with an address.