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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED UP PRINTED NAME OF GRONING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020927 (8)

ATWATER DEVELOPMENT COMPANY, INC.

Principal Place of Business 25 WALTER MARTIN SUITE 203 FORT WALTON BEACH FL 32548 US 2. Principal Place of Business 21 Suite, April II, etc. 22 City & State 23	Mailing Address 25 WALTER MARTIN SUITE 203 FORT WALTON BEACH I US 28. Mailing Address 26 Suite. Apt. #, etc. 27 City & State 28	FL 32548-4988	3. Date Incorporated or Qualified 03/18/1993 4. FEI Number 59-3169739 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of Last Report 04/04/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Ztp Country 24 25	Zip 29	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
JENKINS, MICHAEL L 346 HIGHWAY 190 VALPARAISO FL 32580 11. Pursuant to this provisions of Sections 607.05 office or rog stered agent or both, in the State agent. I on fair for with and accept the obligation.	e of Florida. Such change was	83 84 City utes, the above-named cors authorized by the corpora	dress (P.O. Box Number is Not Acceptable provided in the provided specific provided in the provided provided in the provided provided provided in the provided provid	FL 85 Zip Code
SIGNATURE Transport to the transport of cancer in proceeding 12. OFFICE RS AN ELL D	as cand the drapp shallow OD DIRECTORS DELETE	DIE Registered Agent signature requirements and the signature requirements and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement of the signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirements are signatured as a signature requirement and the signature requirement and the signature requirements are signatured as a signature requirement and signature requirements are signatured as a signature requirement and signature requirement and signature requirements are signatured as a signature requirem	ured wher reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12 Change Addition
SARRELACIO CO FOI POLY SA PARENTA PARE	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 21 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
DEC \$1.2- 110- MAM \$1941 ADD4-51 DC5-31, 76	DELETE	2. 4 C/TY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 SIREET ADDRESS 3.4 C/TY - ST - ZIP		☐ Cnange ☐ Addition
180 NAME Shell Middles (81) 51-76	DELETE	4.1 T.TLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP		☐ Change ☐ Addition
	DELETE	51 TITLE		Change Addition
FILE VAME SPRET ADDRESS UPS SERVER	L DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		