SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business See Sul'D PRINSACOLA FI. 3250 US See Sul'D See Sul'D PRINSACOLA FI. 3250 US See Sul'D See Sul'D PRINSACOLA FI. 3250 US See Sul'D	DOCUI 1. Corporation SOUTHI	MENT # P93000 RAME ERN ENTERAL SUPPLY, IN	0027365 (4) 1C.	1					
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3. Date incorporation or Qualified QA/12/1998 3e. Deter of Lest Report QA/12/1998 3e. Date of Lest Report QA/12/1998									
Principal Place of Business 2a. Malling Activess 4. FEI Number Applied 21 59-3169724	US		US						
Sulte, Apt. 4, 8tc Suite, Ap						3. Date incorporated or Qualified 04/12/1993			eport
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address					Aş	oplied For
27 City & State						59-3169724			ot Applicable
City & State 28 City & State 29 Country 29 Country 29 Country 29 Country 29 Country 30 Trust Fund Contribution Trust Fund Cont	—		-	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired			
Zip								•	
Zip Country Zip Country Zip Country Based State Current year Intangible Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARMER, DONALD R 430 HARRISON AVENUE PANAMA CITY FL 32401 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 32401 84 City FL 32401 85 Zip Code 86 Zip Code 8	h		├						
28 29 30 Personal Property Tax due June 30. Yes No		Country		Countr	J				
9. Name and Address of Current Registered Agent PARMER, DONALD R 430 HARRISON AVENUE PANAMA CITY FL 32401 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Oity FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the aboven-mend corporation submits this statement for the pursues of changing its regist agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, types or prined remaine of registered Agent ag		-	·	⊢ ¬	,				
430 HARRISON AVENUE PANAMA CITY FL 32401 82 Street Address (P.O., Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 register agent. I am femiliar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, byred or prinsdrivene of registered agent and the flappic above (MOTE Registered Agent agreet whom remittaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DATE PARMER, DONALD R P.O. BOX 47 PANAMA CITY FL DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 SIREET ADDRESS OITY-ST-ZP FINAL DELETE 3.1 SIREET ADDRESS OITY-ST-ZP ITTLE DELETE 1.1 TITLE Change A CITY-ST-ZP ITTLE DELETE 1.1 TITLE Change A CITY-ST-ZP ITTLE DELETE 1.1 TITLE Change A CITY-ST-ZP ITTLE DELETE 5.1 TITLE Change A CITY-ST-ZP ITTLE Change Change CITY-ST-ZP ITTLE Change Change A CITY-ST-ZP ITTLE Change A CITY-ST-ZP ITTLE Change CHANGE A CITY-ST-ZP ITTLE Chan				1001				ent	
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11. Pursuant to the provisions of Socians 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. Lam femiliar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. In TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.2 NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE AAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE TITLE DELETE 5.1 TITLE TO Change AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ADDITIONS/CHANGES TO OFFICERS CHANGES CITY-ST-ZIP CHANGES CHA				83					
11. Pursuant to the provisions of Socians 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. Lam femiliar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. In TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.2 NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE AAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE TITLE DELETE 5.1 TITLE TO Change AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ADDITIONS/CHANGES TO OFFICERS CHANGES CITY-ST-ZIP CHANGES CHA				84	City		ı	95 7m	Code
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Signature, typed or printed name of tegetored agent and tile if applicable (NOTE Registered Agent signature required whom reinstating) DATE	11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obli-	502 and 607.1508, Florida Stattle of Florida. Such change was gations of, Section 607.0505, I	utes, the above authorized b Florida Statute	e-named co y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of cl opt the appoir	hanging i ntment as	ts registered registered
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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.

CITY-ST-ZIP

FILED

Aug 19 1997 8:00am

Secretary of State