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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047637 (2)

KACHINA, INCORPORATED

Mailing Address Principal Place of Business 2808 KINGSWOOD DR 2000 KINGSWOOD DR PANAMA CITY FL 32405-2020 PANAMA CITY FL 32405 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1993 05/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3195661 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No Country Ζφ Country 29 30 Florida Statutes Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENNETT, DERRICK 112 E THIRD COURT Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 RA City Zip Code 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 life if applicable (NOTE. Registered Agent signature required when rainstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition TITLE 1.3 TITLE WOMACK, LOREN M NAME 1.2 NAME 2808 KINGSWOOD DR 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 DITY - ST- ZIP 1.4 City-ST-ZIP DELETE Addition Change 2.1 TITLE THILE 2.2 NAME NAM STREET ADDRESS 2.3 STREET ADDRESS CHTY ST 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME STREET ACIDRESS **33 STREET ADDRESS**

14. If 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 innual 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 chapter to fair an attachment with an address.

34. CITY-ST-ZIP

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22 Ayr 1997 (904) 763 6785

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Apr 28 1997 8:00am

Secretary of State