


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000077968 (4)**
1. Corporation Name
TERRY WOTRING INC.

Principal Place of Business
**480 DON BISHOP RD.
SANTA ROSA BEACH FL 32459
US**

Mailing Address
**P.O. BOX 4064
FT. WALTON BEACH FL 32549
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1993	
21	Suite, Apt. #, etc.	26	P.O. BOX 1525	4. FEI Number 59-3207789	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	SANTA ROSA BCH. FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	32459	30	USA
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**WOTRING, TERRY L
480 DON BISHOP ROAD
LOT 1
SANTA ROSA BEACH FL 32459**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOTRING, TERRY			1.2 NAME			
STREET ADDRESS	480 DON BISHOP ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEW SPECHT			2.2 NAME			
STREET ADDRESS	480 DON BISHOP ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRISSEY, MATTHEW			3.2 NAME			
STREET ADDRESS	480 DON BISHOP ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	SAMUEL HARE		
STREET ADDRESS				4.3 STREET ADDRESS	222 PYLE RD.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	DEFUNIAK SPRINGS FL. 32433		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	MICHAEL NELSON		
STREET ADDRESS				5.3 STREET ADDRESS	835 GERMAL CLUB RD.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DEFUNIAK SPRINGS FL. 32433		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE _____

CR2E034 (10/97)