DELETE   11 TITLE	PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF COR	ENT OF STATE ortham I State		
REIDY ENTERPRISES, INC.  Therefore Place of Business  September Out BLVD  PANAMA CITY BEACH FL 32407  PANAMA CITY	OCUMENT # P9300	0083791 (2)			
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Suite, April - (80) Suite,	Discoul Discount Business	2a. Mailing Address			Applied For
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COUNTY FLAT AND DIESE STREET ADDRESS OF SERVER 12407    COUNTY   C		<del>}_</del> 1		5. Certificate of Status Desired	Fee Required
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S. Name and Address of Current Registered Agent  8. Name and Address of Name Registered Agent  8. Name and Address of Name Registered Agent  8. Name and Address of Name Registered Agent  8. Name  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number	TANAMA CILY Country			8. This corporation has liability for I	ntang-ble tax under s 199 032,
REIDY, WILLIAM G  83 Street Address (P.O. Box Number is Not Acceptable)  84 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Number of Park and City Beach FL 32407  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 St	32407 25 BAY		o Bay	Florida Statutes  10 Name and Address of New Re	
I. Pursuant to the provisions of Socioles 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with an accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with agent I am familiar with a accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with a accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with a accept the obligations of Section 607 0506, Florida Statutes, agent I am familiar with a accept the obligations of Section 607 0506, Florida Statutes, agent I am	9. Name and Address of Curre	ent Registered Agent	81 Name		
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6.ITY-ST-ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(5)(x) Problem States 14. If do hereby 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 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 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have supplemental annual report in the annual report and accurate and that my signature shall have the same legal effect further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have supplemental annual report in the annual report in the annual report as required by Chapter 617. Florida Statutos 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 617. Florida Statutos 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 617. Florida Statutos made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as report as a supplemental annual report is true and accurate and that my signature shall be a supplemental annual report or trustee empowered to execute this report as report as report as a supplemental annual report as	office or registered agent, or both in the obling agent. I am familiar with, and accept the obling agent. I am familiar with a	Igations of, Section 607.0505, Floring appropriate templicable (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	is the above-named corribonized by the corporated a Statutes  Fegistered Agend signature required in the corporated in t	ADDITIONS/CHANGES TO OFFI	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Addition