

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010445 (2)

1. Corporation Name: TOUCHET ENTERPRISES, INC.



Principal Place of Business: 3013 SPRINGSIDE MALL, MOBILE AL 32534, US
Mailing Address: 147 GREEN PARK DR, MOBILE AL 36695, US

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: 06/01/1995

2. Principal Place of Business: 21 3013 SPRINGDALE MALL, Suite, Apt. #, etc.:
22 City & State: MOBILE, ALABAMA, Zip: 32534, Country: US
2a. Mailing Address: 26 147 GREENPARK DRIVE, Suite, Apt. #, etc.:
27 City & State: MOBILE, ALABAMA, Zip: 36695, Country: US

4. FEI Number: 63-1109722
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GRAHAM, THOMAS, 40 E DETROIT BLVD., PENSACOLA FL 32534

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOUCHET, JOHNNY	
STREET ADDRESS	147 GREENPARK DR	
CITY - ST - ZIP	MOBILE AL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TOUCHET, ROBERT	
STREET ADDRESS	147 GREENPARK DR	
CITY - ST - ZIP	MOBILE AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BISBEE, PAUL	
STREET ADDRESS	40	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	ZIP CODE 36695
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY - ST - ZIP	ZIP CODE 36695
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY - ST - ZIP	ZIP CODE 32534
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY - ST - ZIP	

14. I 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(3)(k), 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: *Robert J. Touchet* 3/8/96 (334) 344-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)