

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P94000010445 (2)
1. Corporation Name
TOUCHET ENTERPRISES, INC.



Principal Place of Business
**3013 SPRINGDALE MALL
MOBILE AL 32534
US**

Mailing Address
**147 GREENPARK DRIVE
MOBILE AL 36695-3314
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**GRAHAM, THOMAS
40 E DETROIT BLVD.
PENSACOLA FL 32534**

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 617.015 and 617.1508, 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 provisions of Section 617.01506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

DATE

12.

OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct and that the corporation is in compliance with Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 of this filing. I am on an agreement with an address.

PAUL AT

2.11.97 224 344-5796

CR2E034 (9/96)