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



COF	RPORATION UAL REPORT			DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State SION OF CORPORATIONS			Apr 21 1997 8:00am Secretary of State			
	MENT # P	94000050	180 (6)				i habirradi sila katiri dalahi dalahi dalahi da	al Būjūs bieli bū jū	1 14 00 (4 5))	(BTH (BB)
Principal Place of Business Mailing Address 1815 W. 15TH STREET 1815 W. 15TH STREET SUITE #1 PANAMA CITY FL 32401 PANAMA CITY FL 32401-1700						3. Date Incorporated or Qualified	3a. Date o	f Last Re		
2 Principal F	lailing Address	Address			06/28/1994 4. FEI Number	04/12/		nlind Far		
2. Principal Place of Business 21			26 26				59-3258061			plied For 1 Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	-	dditional
City & Stat	le	C	ity & State				Election Campaign Financing Trust Fund Contribution		5.00	May Be
23] Zip	Countr	·	Zφ		intry		8. This corporation has liability for	intangible tax		
24	25 2. Name and Addre	29 29 ess of Current Register	ed Agent	30			Florida Statutes 10. Name and Address of New Re	Yes N		
1815 W. 15TH STREET SUITE 18 PANAMA CITY FL 32401 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statule						City	ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code			
office or a	registered agent, or both am familiar with, and acc	in the State of Florida.	Such change was section 607.0505, FI	authorize orida Stat	d by utes	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of cha of the appointr	nging its nent as i	registered registered
12.	T	FFICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	D Featherstone,	IACK	DELETE		1.1 TITLE 1.2 NAME		•	Ц	Change	Addition
STREET ADDRESS	1815 W. 15TH STI					ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL				1Y-S1	- 2)P				
TITLE NAME	ľ		DELETE	2.1 TI 2.2 N/		1		ليا	Change	L.J Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					ITY-S					
TITLE			L.] DELETE	3110				, A 📙	Change	☐ Addition
NAME STREET ADDRESS				3.2 N/ 3.3 S1		ADDRESS				
CITY-ST-ZIP					11Y-S	J				
TITLE			☐ DELETÉ	4.1 T(Change	Addition
STREET ADDRESS				4.2 N		ADDRESS				
CITY-ST-ZIP					1Y-ST					
TITLE			☐ DELETE	5.1 10					Change	Addition
NAME STREET ADDRESS				52 N/ 53 ST		ADDRESS				1
CITY+ST-ZIP					TY-ST	-				
TITLE			☐ DELE1E	6.1 71					Change	Addition
NAME, STREET ADDRESS				6.2 NA		unnbeen				
STREET ADDRESS					REELA TY-ST	ADDRESS - Zip				
14. I do here	by certify that the inform or indicated on this annu- ifficer or director of the c in Block 12 or Block 13 i	ation supplied with this later that the supplement or supplement to poration or the receive that got an attention or attent	filing does not quali lat annual report is t er or trustee empoy achini nt with an an	ly for the	exec	nation state	d in Soction 119.07(3)(i), Florida Statute at my signature shall have the same logs ort as required by Chapter 607, Florida S	s. I further cert I effect as if m itatutes; and th	ify that t ade und at my na	he ler oath; that ame

SIGNATURE:

904-785-1213

FILED