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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071037 (3)

HUTTO & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 200 E. GOVERNMENT STREET PO BOX 12354 **STE 110** PENSACOLA FL 32582-2354 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1994 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3262654 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUTTO, HAROLD S JR. 200 E. GOVERNMENT STREET Street Address (P.O. Box Number is Not Acceptable) **STE 110** 83 PENSACOLA FL 32501 City 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, typical or printed nation of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THE HUTTO, HAROLD S JR. 1.2 NAME NAME 200 E. GOVERNMENT STREET, STE 110 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 14 CITY-ST-ZIP Change DELETE Addition D 21 TITLE THEF KLUMPP, LORI H 2.2 NAME NAME 200 E. GOVERNMENT STREET, STE 110 2.3 STREET ADORESS STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP 0-11-51 - ZiP DELETE Change Addition 3.1 TITLE THLE 3.2 NAME NAV: STREET ADDRESS 3.3 STREET ADDRESS CHTY-SI-76 34. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE Trible 4.2 NAME NAME 4.3 STREET ADDRESS STREET LADORESS 4.4 CITY-ST-ZIP OTY-ST-7P DELETE Change __ Addition 5.1 TITLE TRUE 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- 2IP CITY-\$1-70* Addition DELETE Change 1-11-1 61 TITLE 62 NAME NANE STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 circular for block corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/97

(904)438-5299

FILED

Apr 30 1997 8:00am

Secretary of State

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