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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500000069 (1)

CDC CHURCHWELL, INC.

Principal Place of Business Mailing Address								* *****	******	J 1011 12 E1	
6608 E. HIGHWAY 22 PANAMA CITY FL 32404			6808 E. HIGHAVAY 22 Panama City Fl. 32404-9522								
							3. Date Incorporated or Qualified 12/30/1994		te of Last Re 25/1996	aport	
2. Principal Pla	ace of Business	2a. N	Mailing Address				4. FEI Number	T. 7.7		plied For	
21			26				59-3295682		No	t Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional	
22			27				b. Certaicate of Status Desired		Fee Re	quired	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution	Ш	Added t	o Fees	
Zip	Country	2	ľφ	·	Country		8. This corporation has liability for it			. 199.032,	
24	[25]	29		[30]	30		Florida Statutes Yes You				
	9. Name and Address of Curr	ent Hegiste	rea Agent		B1	Name	IU. Name and Address of New Ne	Bistolen y	- Agent		
	CHISON, EDWARD A JR.					Hame					
221 MCKENZIE AVENUE						Street Addre	t Address (P.O. Box Number is Not Acceptable)				
PAN	AMA CITY FL 32401			}	83						
					84	City		FL	85 Zip (Code	
11 Pursuant	o the provisions of Sections 607.0	502 and 607	1508 Fiorida Statu	tes, the ab	ove-	named coro	oration submits this statement for the p	urnose of	changing it	s registered	
office or re agent. Far	egistered agent, or both, in the Sta m familiar with land accept the obl	ite of Florida igations of. S	. Such change was Section 607.0505, F	authorized lorida Stati	by ites.	the corporati	ion's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURE											
	Signature, typed or printed name of registered.				Agen	t signature require	ed when reinstaling)	DATE			
12.	OFFICERS A	ND DIRECT	ORS DELETE	13.		Δ	ADDITIONS/CHANGES TO OFFICE	EHS ANL	Change	Addition	
TiTLE	DVTS		™ DETEIE	1.1 111		-			LJ Critarige	Par Audicion	
NAME:	ALLEN, BILL			1.2 NA			hurchwell, Larry 60% 5. Hmy 22			}	
STREET ADDRESS	6608 E. HIGHWAY 22							23	404		
CCTY+\$1+7F*	PANAMA CITY FL.		DELETE	1.4 DIT 21 Tit	_	- ZIP	anama City FL	. 34	704 X Change	Addition	
	ALLEN, BILL		E. Dittie	22 NAME		D'	VTS Ilen, Bill		A 0.10.180	7.00.007	
NAME STREET AUDRESS	6608 E. HIGHWY 22					ADDRESS 6	608 E. Hwy 22				
1	PANAMA CITY FL			2 4 CI			anama City FL	324	04		
CITY-S1-ZIP TITLE	V		DELETE	31 TIT		1-216	anama cija 7 -		Change	Addition	
NAME	CHURCHWELL, DON		B	32 NA			k . :	0.5			
STREET ADDRESS	6608 E. HIGHWAY 22					ADDRESS					
CITY - ST - ZIP	PANAMA CITY FL			3.4. CI							
TITLE			DELETE	4.1 717					Change	Addition	
NAME				4. 2 N	ME						
STREET ADDRESS				4.3 ST	REET #	ADORESS					
Ç(TY-ST-ZIP				4.4 01	Y-ST	r-zip					
TITLE			☐ DELETE	5.1 TiT	LE				Change	Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 \$1	REET	ADDRESS					
CHTY - ST - ZIP				5.4 Ci	Y-ST	-ZIP					
THTLE			DELETE	6.1 Til	LE				☐ Change	Addition	
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET A	ADDRESS				}	
CITY-ST-ZIP				6.4 C(Y-\$1	T-Z1P					

14. I do hereby certify that the information supplied with this filing 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 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97

901-\$71-0153 Daytime Phone #

FILED

Jan 30 1997 8:00am

Secretary of State

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