SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005441 (7)

BULLSHIPPERS, INC.

Principal Place of Business

Mailing Address

FILED Aug 08 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be	129 SOUTH CO SEBRING FL 33	DMMERCE AVENUE 3870	129 SOUTH COMMERCE AVENUE SEBRING FL 33870		:		
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### MCCOLLUM & JOHNSON, P.A. 128 SOUTH COMMERCE AVENUE SEBRING FL 33870 ### Street Address (P.O. Box Number is Not Acceptable) ### Street A	Zip		Zip	7) / (/	8. This corporation owes or has pai	id the current year Intangible	
MCCOLLUM & JOHNSON, P.A. 128 SOUTH COMMERCE AVENUE SEBRING FL 33870 80 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zyp 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 agent. I am familiar with, and accept the obtigations of, Section 607 0508, Florida Statutes. The above named corporation's board of idectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obtigations of, Section 607 0508, Florida Statutes. SIGNATURE 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zyp Code 11. Pursuant to the provisions of Sections 607 0509, Florida Statutes. The above named corporation's board of idectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obtigations of, Section 607 0509, Florida Statutes. SIGNATURE 82 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zyp Code 11. Pursuant to the provisions of Sections 607 0509, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtigations of, Section 607 0509, Florida Statutes. 85 Statutes. 86 City St. P. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. CITY ST. ZP 14. CITY ST. ZP 15. CITY ST. ZP 16. CITY ST. ZP 17. ST. ZP 18. CITY ST. ZP 18. CITY ST. ZP 19. CITY ST. ZP 19. CITY ST. ZP 19. CITY ST. ZP 19. CITY ST. ZP	24 > 0	<u> </u>	11	1 431			
### MCCULUM & SUPRISON, P.A. 128 SOUTH COMMERCE AVENUE SEBRING FL 33870 ### City FL 85 Zip Code			Hegistered Agent	Q1 Name	10. Name and Address of New He	listeted Agent	
SEBRING FL 33870 B3				oi Name			
Solution Solution Solutions of Socions 807,0502 and 607,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Socion 607,0505, Florida Statutes. Signature Solution Solution Socion 607,0505, Florida Statutes Solution Solu				82 Street	Address (P.O. Box Number is Not Acceptable)		
### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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 office or registered agent, and accept the deligations of, Section 607 0505, Florida Statutos SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS 13. STREET ADDRESS 13. STREET ADDRESS 14. CHY-ST-ZIP 13. STREET ADDRESS 14. CHY-ST-ZIP 14. CHANGE 14. CHA	SEBRING FL 33870						
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this glatement for the purpose of changing its 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, 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, 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, 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, or both in the State of Florida. Such change agent are floridated agent and accept the obligations of, Sociolo 607.0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREIT ADDRESS 13. STREIT ADDRESS 13. STREIT ADDRESS 14. CITY-ST-ZIP WAUCHULA FL 33873 14. CITY-ST-ZIP WAUCHULA FL 33873 14. CITY-ST-ZIP WAUCHULA FL 33873 12. Change 13. STREIT ADDRESS 14. CITY-ST-ZIP 15. CITY-ST-ZIP 16. Change 17. ST-ZIP 17. ST-ZIP 18. Change 19. Addition 19. Addition 19. Addition	ļ			83			
11. Pursuant to the provisions of Socions 807.0509 and 607.1508, Florida Statute, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and steel in applicable. Signature Description Date				84 City		S Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and still it applicable NOTE Registered Agent signature required when reinstating) DATE	11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutos,	the above-named	corporation submits this statement for the p		
Signature, typod or printed agent and tive il applicable (NOTE Registered Agent Sprinture registered) DATE	onice 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.						
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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 Block 13 if changed, or on an attachment with an address.

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