


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

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000007281 (5)</b> 1. Corporation Name <b>OBI-1, INC.</b>		



Principal Place of Business <b>16284 PERDIDO KEY DRIVE #511 PENSACOLA FL 32507</b>	Mailing Address <b>P.O. BOX 34320 PENSACOLA FL 32507-4320</b>
---	--

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>01/24/1995</b>	<b>3a. Date of Last Report</b> <b>01/02/1997</b>
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>63-1141906</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> Suite, Apt. #, etc.		<b>27</b> Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b> City & State		<b>28</b> City & State		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip	<b>25</b> Country	<b>29</b> Zip	<b>30</b> Country	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>FIELD, ROBERT C 16284 PERDIDO KEY DRIVE #511 PENSACOLA FL 32507</b>				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>FL</b> <b>85</b> 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.** **NO CHANGE** **4/17/97**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FIELDS, ROBERT C</b>			1.2 NAME	<b>FIELD, ROBERT C.</b>		
STREET ADDRESS	<b>16284 PERDIDO KEY DRIVE, #511</b>			1.3 STREET ADDRESS	<b>16284 PERDIDO KEY DR. #511</b>		
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>			1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NORMAN, JR., ROBERT H</b>			2.2 NAME			
STREET ADDRESS	<b>915 EAST GURLEY STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PRESCOTT AZ 86301</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICEY, DAVID E</b>			3.2 NAME	<b>Riley, David E.</b>		
STREET ADDRESS	<b>2713 MILLBROOK ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BIRMINGHAM AL 35243</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

**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.**

SIGNATURE: \_\_\_\_\_ **President** **4/17/97** **(904) 492-2191**

CR2E0 (9/96)