

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mogham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000071080 (2)**

1. Corporation Name  
**C. L. MINOR, INC.**



Principal Place of Business  
~~648 AQUATIC DRIVE~~  
**ATLANTIC BEACH FL 32233**

Mailing Address  
~~648 AQUATIC DRIVE~~  
**ATLANTIC BEACH FL 32233-3841**

3. Date Incorporated or Qualified <b>09/14/1995</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-3337736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>PO Box 330998</b>	2a. Mailing Address 26 <b>PO Box 330998</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Atlantic Beach, FL</b>	28 City & State <b>Atlantic Bch, FL</b>
24 Zip <b>32233</b>	25 Country <b>Dural</b>
29 Zip <b>32233</b>	30 Country <b>Dural</b>

9. Name and Address of Current Registered Agent  
**MINOR, CAROLYN L**  
~~648 AQUATIC DRIVE~~  
**ATLANTIC BEACH FL 32233**  
*Lives on a House Boat  
Must use P.O. Box for address*

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>P.O. Box 330998</b>
83	
84 City	<b>Atlantic Beach FL</b>
85 Zip Code	<b>32233</b>

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.  
*C. L. Minor* **1/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINOR, CAROLYN L</b>	1.2 NAME	<b>Carolyn Minor</b>
STREET ADDRESS	<del>648 AQUATIC DRIVE</del> <b>N/A</b>	1.3 STREET ADDRESS	<b>P.O. Box 330998 N/A</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	1.4 CITY-ST-ZIP	<b>Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	<b>VB 225</b>
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	<b>600002098496</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-02/26/97--01056--027</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***165.00</b>

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, unchanged, or on an attachment with an address.

**SIGNATURE:** *C. L. Minor* **1/27/97 904/241/6247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Inn Phone #

CR2E034 (9/96)