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**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000001509 (4)**

1. Corporation Name  
**M. H. PRITCHETT SPECIAL ACCOUNT, INC.**



Principal Place of Business      Mailing Address  
**228 E DUVAL ST  
LAKE CITY FL 32055**      **228 E DUVAL ST  
LAKE CITY FL 32055-4027**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/29/1995**      **04/30/1996**

4. FEI Number      Applied For  
**59-3351228**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**GAFFORD, FRANK M  
228 E DUVAL ST  
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      **FL**      85. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE      P       DELETE

NAME      **PRITCHETT, MARVIN H.**

STREET ADDRESS      **1050 S.E. 6TH STREET**

CITY-ST-ZIP      **LAKE BUTLER FL**

TITLE      **ST**       DELETE

NAME      **PRITCHETT, PHILLIP W.**

STREET ADDRESS      **1050 S.E. 6TH STREET**

CITY-ST-ZIP      **LAKE BUTLER FL**

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

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 included 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: *Marvin H. Pritchett*      **4/24/97**      **904-496-2630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)