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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015580 (9)

Country

215 SOUTHEAST PICKNEY STREET

9. Name and Address of Current Registered Agent

CONCEPTS 2000, INC.

2. Principal Place of Business

HARDEE, CARY A

MADISON FL 32340

Suite, Apt. #, etc.

City & State

23

24

Principal Place of Business	Mailing Address
215 SOUTHEAST PICKNEY STREET	POST OFFICE DRAWER 450
MADISON FL 32340	MADISON FL 32341-0450

26

28

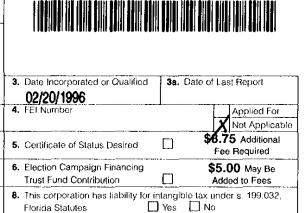
29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 06 1997 8:00am Secretary of State



10. Name and Address of New Registered Agent

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

84 Zip Code FL

Country

81

82

83

Name

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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	Signature, lyped or printed name of registered agent and title if applicable	(NOTE: R	ngistereo Agent signature r	equireo when reinstating) DATÉ			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12		
TITLE	PD	DELETE	1,1 311LE	Change	Addition		
NAME	BELL, RAY WAYNE		1.2 NAME		İ		
STREET ADDRESS	4601 WEST BELLAROSE STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY - ST - ZIP				
TITLE	VPD	DELETE	2.1 TITLE	Cnange	Addition		
NAME	BELL, JAMES F		22 NAME				
STREET ADDRESS	POST OFFICE BOX 915 N/A		2 3 STREET ADDRESS				
CITY-ST-ZIP	MADISON FL 32341		2 4 CHTY-ST-7/P				
TITLE	STD	DELETE	31 THLE	☐ Change	Addition		
NAME	HARDEE, CARY A		3.2 NAME				
STREET ADDRESS	POST OFFICE DRAWER 450 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	MADISON FL 32341		3.4 CITY - ST - ZIP				
TITLE		DELFTE	4.1 T∤TLE	Change	Addition		
NAME			4, 2 NAME		ļ		
STREET ADDRESS			4.3 STREET ADDRESS		Ì		
CITY-ST-ZIP			4.4 CITY- S1 - 7IP				
TITLE		DELETE	511ALE	Change	Addition		
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		Ĭ		
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELFTE	6.1 TITLE	Change	Addition		
NAME 🥳	8		6.2 NAME				
STREET ADDRESS			63STREELADORESS				
CITY-ST-7IP	•		6.4 C(TV - S1 - 7)P		i		

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 eath; that I am an officer or director of the comporation or the receiver or trustge 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 assettaching of the interest of the composition of the comp

SIGNATURE:

4-30-97