

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

**FILED**  
**May 14 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
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**DOCUMENT # P96000015776 (3)**  
 1. Corporation Name  
**MY STORY PUBLISHING CO.**



Principal Place of Business <b>3111-21 MAHAN DRIVE, #118                  TALLAHASSEE FL 32308-5511</b>	Mailing Address <b>3111-21 MAHAN DRIVE, #118                  TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>21 3111-20 Mahan Dr #118</b> Suite, Apt #, etc		2a. Mailing Address <b>26 3111-20 Mahan Dr #118</b> Suite, Apt #, etc		3. Date Incorporated or Qualified <b>02/20/1996</b>	3a. Date of Last Report
22		27		4. FEI Number <b>59-3367026</b>	Applied For Not Applicable
23 Tallahassee FL		28 Tallahassee FL		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>32308</b> Country <b>Leon</b>		29 Zip <b>32308</b> Country <b>Leon</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TINSLEY, D J                  3111-21 MAHAN DRIVE, #118                  TALLAHASSEE FL 32308-5511</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>3111-20 Mahan Dr #118</b>
				83	
				84 City	<b>Tallahassee FL</b>
				85 Zip Code	<b>32308</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.

SIGNATURE D J TINSLEY DATE **04/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAEHN, J. SID</b>	1.2 NAME	
STREET ADDRESS	<b>3111-21 MAHAN DRIVE, #118</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308-5511</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINSLEY, D J</b>	2.2 NAME	
STREET ADDRESS	<b>3111-21 MAHAN DRIVE, #118</b>	2.3 STREET ADDRESS	<b>3111-20 Mahan Dr #118</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308-5511</b>	2.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>
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	
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:** SIGNATURE REQUIRED D J TINSLEY DATE **04/30/97** DAYTIME PHONE # **904-656-5995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)