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**Feb 10 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 # P96000024829 (9)
1. Corporation Name
SEVEN DWARFS, INC.



Principal Place of Business: **25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548**
Mailing Address: **25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548-4918**

3. Date Incorporated or Qualified: **03/20/1996**
3a. Date of Last Report: _____
4. FFI Number: **59-3371925**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 35000 Emerald Coast Pkwy**
Suite, Apt. #, etc.: _____
City & State: **23 Destin, FL**
Zip: **24 32541** Country: _____
2a. Mailing Address: **26 35000 Emerald Coast Pkwy**
Suite, Apt. #, etc.: _____
City & State: **28 Destin FL**
Zip: **29 32541** Country: _____

9. Name and Address of Current Registered Agent
**GRIMSLEY, JAMES W
25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81 Name: **Edward H. Seymour**
82 Street Address (P.O. Box Number is Not Acceptable): **35000 Emerald Coast Pkwy**
83 _____
84 City: **Destin** FL 85 Zip Code: **32541**

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: *[Signature]* (Date: **2/3/97**)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMSLEY, JAMES W	1.2 NAME	
STREET ADDRESS	25 WALTER MARTIN RD NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	James Olin
STREET ADDRESS		2.3 STREET ADDRESS	35000 Emerald Coast Pkwy
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	Sec / Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Edward H. Seymour
STREET ADDRESS		3.3 STREET ADDRESS	35000 Emerald Coast Pkwy.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Destin FL 32541
TITLE	Director	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bruce Crawl
STREET ADDRESS		4.3 STREET ADDRESS	35000 Emerald Coast Pkwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Destin FL 32541
TITLE		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		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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (Date: **2/3/97**) **001.837.2700**

CR2E034 (9/96)