## 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

Principal Place of Business Principal Place of Business Mailing Address PORT CHEMSTRAND ROAD PRINCIPAL CHEMSTRAND ROAD PRI						
PENSACOLA I	FL 32334	GULF BREEZE FL 32562-0	756			
en e				3. Date Incorporated or Qualified 04/02/1996	3a. Date of Last I	Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		pplied For
Suite, Apt.	# atc	26 Suite, Apt. #, etc.		69-3371856		ot Applicable
City & Stat	, #, O(C.	27]		5. Certificate of Status Desired	7	Additional leguired
City & Stat	ite	City & State		6. Election Campaign Financing		May Be
710	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for		to Fees s. 199.032.
1 32	514 <sub>25</sub> Cooling	29	30	Florida Statutes	☐ Yes 🔀 No	
LAMI	9, Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
	LIAMS, BELIE B FIRETHORN ROAD			/D C D N	CI-X	
GULF BREEZE FL 32561				dress (P.O. Box Number is Not Acceptal	Die)	
			83			
			84 City		FL 85 Zip	Code
1. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Statut	es the above named cor			its registered
			es, the above harried cor	rporation submits this statement for the p	porpose of entanging	
office or i	registered agent, or both, in the St am familiar with, and accept the ot	tate of Florida. Such change was a bligations of, Section 607,0505, Flo	authorized by the corpora orida Statutes	rporation submits this statement for the pation's board of directors. I hereby acce	pt the appointment as	registered
egent. I a	am lamiliar with, and accept the ot	bligations of, Section 607,0505, Flo	orida Statutes.			s registered
egent. I a	am lamiliar with, and accept the of Signature, typed or profed name of registered	oligations of, Section 607,0505, Floor and the it applicable (NO)	orida Statutes. F: Registered Agent signature requ	uirott when reinstating)	DATE	
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agent, te SIGNATURE 2. ITLE	Signature, typed or protect reason of registered OFFICERS  P, D  RELIE WILLIAMS	bligations of, Section 607,0505, Fix agent and title if applicable (NOT AND DIRECTORS DELETE	oricia Statutes.  E. Registered Agent signature requ.  13.	uirott when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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SIGNATURE:

Elaine Williams

ELAINE WILLIAMS SECRETARY/TREASURER

4-5-97 904-982-4737