

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

FILED
May 07 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 # P96000030626 (1)

1. Corporation Name
WILLOW BRANCH, INC.

Principal Place of Business
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

Mailing Address
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210-8058



3. Date Incorporated or Qualified 04/09/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number ✓ ID 59-3382880	Applied For Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	Country	29	Country		

9. Name and Address of Current Registered Agent

BROWN, ELAINE
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

TERRY CARLHUFF

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Terry Carl Huff TERRY CARLHUFF 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRCS. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.S. MILNE	1.2 NAME	
STREET ADDRESS	4595 LEXINGTON AV.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK MILNE	2.2 NAME	
STREET ADDRESS	4595 LEXINGTON AV.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MILNE	3.2 NAME	
STREET ADDRESS	4595 LEXINGTON AV	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	3.4 CITY-ST-ZIP	
TITLE	TREAS/SEC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE WELLS	4.2 NAME	
STREET ADDRESS	4595 LEXINGTON AV.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	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: D.S. MILNE 4/30/97 904.387.6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)