

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

FILED
Apr 23 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 # P96000047510 (8)

1. Corporation Name
SEVEN, INC.

Principal Place of Business
3620 SE 24TH ST.
OCALA FL 34470

Mailing Address
3620 SE 24TH ST.
OCALA FL 34471-5617



2. Principal Place of Business 21 1009 SW 17 STREET Suite, Apt. #, etc. 22 City & State 23 OCALA FLORIDA Zip 24 34474 Country 25 MAIRION		2a. Mailing Address 26 7785 SPENCERVILLE RD. Suite, Apt. #, etc. 27 City & State 28 SPENCERVILLE OH Zip 29 45887 Country 30 ALLEN		3. Date Incorporated or Qualified 05/30/1996	3a. Date of Last Report
				4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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

TAMBLINGSON, GLEN
3620 SE 24TH ST.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
GLEN TAMBLINGSON
82 Street Address (P.O. Box Number is Not Acceptable)
1009 SW 17 ST.
83
84 City
OCALA FL 85 Zip Code
34474

11. Pursuant to the provisions of Sections 607.0505 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

GLEN K. TAMBLINGSON

4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	GLEN TAMBLINGSON	1.2 NAME	
STREET ADDRESS	9785 SPENCERVILLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPENCERVILLE OH 45887	1.4 CITY-ST-ZIP	
TITLE	SECT. 1 TRUAS.	2.1 TITLE	
NAME	GLEN TAMBLINGSON	2.2 NAME	
STREET ADDRESS	1009 SW 17 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

CR2E034 (9/96)