

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

FILED

Jan 16 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 # P96000065070 (0)**  
 1. Corporation Name  
**REMLAP SERVICES, INC.**



Principal Place of Business <b>220 STATE ROAD 312 ST. AUGUSTINE FL 32086</b>	Mailing Address <b>220 STATE ROAD 312 ST. AUGUSTINE FL 32086-4241</b>
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3. Date Incorporated or Qualified <b>08/05/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business 21 <b>204 3rd STREET</b>	2a. Mailing Address 26 <b>204 3rd STREET</b>
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4. FEI Number <b>59-3394137</b>	Applied For <input type="checkbox"/> Not Applicable
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22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23. City & State <b>St Augustine, FL</b>	28. City & State <b>St Augustine, FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24. Zip <b>32084</b>	25. Country <b>USA</b>	29. Zip <b>32084</b>	30. Country <b>USA</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**PALMER, KIM  
 220 STATE ROAD 312  
 ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent  
 81 Name **PALMER, Kim**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**204 3rd STREET**  
 83  
 84 City **St Augustine** **FL** 85 Zip Code **32084**

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: *Kimberly A. Palmer* **Kimberly A. Palmer** **1/15/97**  
Signature of officer or director of registered agent and for all applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PALMER, KIM</b>
STREET ADDRESS	<b>220 STATE ROAD 312</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32086</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>204 3rd STREET</b>
1.4 CITY - ST - ZIP	<b>St Augustine, FL 32084</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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/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: *Kimberly A. Palmer* **Kimberly A. Palmer** **1/15/97** **904-829-2300**  
Signature and Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)