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

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

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600 EAST GREGORY STREET

PENSACOLA FL 32501-4140

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

600 EAST GREGORY STREET

2. Principal Place of Business

PENSACOLA FL 32501

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068343 (8)

FLAT EARTH SOCIETY OF THE NEW WORLD, INC.

City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN, WILLIAM M **600 EAST GREGORY STREET** 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City 85 Zip Code 11. Fursiant 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or protectioenic of registered agent and little disoplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. DELETE 141.6 1.1 TITLE P NAME 1.2 NAME WILLIAM M. MARTIN 1.3 STREET ADDRESS STREET ADDRESS 600 EAST GREGORY STREET PENSACOLA, FLORIDA 3250 CUTY - \$1 - 71P 1.4 CITY-ST-ZIP DELETE V/S Change 2.1 TITLE 70107 DOUGLAS C. HALFORD NAME 2.2 NAME 600 EAST GREGORY STREET PENSACOLA, FLORIDA 32501 2.3 STREET ADDRESS STREET ADDRESS C014-S1-7.P 2.4 CITY-ST-ZIP DELETE Change Addition 111.5 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change noitibhA 10.6 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ACCRESS OTY \$1-769 4.4 CITY - ST - ZIP DELETE Change Addition 111; £ 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP DELETE Change ___ Addition 141,6 6.1 TITLE 1.4M-6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COY-ST 200 loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the utal report is true and accurate and that my signature shall have the same legal effect as if made under oath, that russee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the informinformation indicated on this and Familian officer or director of the appears in Block 12 or Block 1 SIGNATURE:

FILED Apr 28 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

08/15/1996