

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068590 (4)

1. Corporation Name
FLORIDA'S BACKYARD INC.

Principal Place of Business 6770 US 27 NORTH SEBRING FL 33870	Mailing Address 6770 US 27 NORTH SEBRING FL 33870-1233
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3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last Report None
4. FEI Number 59-3445966	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Same 22. Suite, Apt. #, etc. 23. City & State Lakeland 24. Zip 33862 25. Country POLA	2a. Mailing Address 26. PO Box 2711 27. Suite, Apt. #, etc. 28. City & State FL 29. Zip 33862 30. Country POLA
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9. Name and Address of Current Registered Agent
KING, CLAUDIS E
1247 E. EDGEWOOD DR.
LAKELAND FL 33803-3223

10. Name and Address of New Registered Agent	
81. Name None	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City FL	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 [Signature] 4-28-97
(NOTE: Registered Agent's signature required when terminating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BRIDGES, WILLIAM T
STREET ADDRESS	1247 EDGEWOOD DR.
CITY-ST-ZIP	LAKELAND FL 33803-3223
TITLE	D <input type="checkbox"/> DELETE
NAME	KING, CLAUDIS E
STREET ADDRESS	1247 EDGEWOOD DR.
CITY-ST-ZIP	LAKELAND FL 33803-3223
TITLE	D <input type="checkbox"/> DELETE
NAME	KING, ESSIE AVIS
STREET ADDRESS	8311 SUNSET HARBOR RD.
CITY-ST-ZIP	SUMMERFIELD FL 33870
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 [Signature] 4-28-97 941-1111000

CR2E034 (9/96)