


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

FILED

May 08 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 # P96000069314 (8)			
1. Corporation Name EMERALD COAST DELIVERY SERVICES, INC.			
Principal Place of Business 113 SUMMER BREEZE ROAD PANAMA CITY BEACH FL 32413		Mailing Address P.O. BOX 699 PANAMA CITY BEACH FL 32402-0699	
2. Principal Place of Business 21 113 Summer Breeze Road Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 699 Suite, Apt. #, etc.	
22 City & State 23 Panama City Beach FLA		27 City & State 28 Panama City FLA	
24 Zip 32413		29 Zip 32402-0699	
25 Country U.S.A.		30 Country U.S.A.	
9. Name and Address of Current Registered Agent LENCKE, JOHN D 113 SUMMER BREEZE ROAD PANAMA CITY BEACH FL 32413		10. Name and Address of New Registered Agent 81 Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	president	<input type="checkbox"/> DELETE	
NAME	John D. Lencke		
STREET ADDRESS	113 Summer Breeze Rd.		
CITY-ST-ZIP	Panama City Beach FLA 32413		
TITLE	Vice President	<input type="checkbox"/> DELETE	
NAME	Danny T. Taylor		
STREET ADDRESS	103 Timberlane		
CITY-ST-ZIP	Panama City FL 32405		
TITLE	Treasurer	<input type="checkbox"/> DELETE	
NAME	Charles E. Taylor		
STREET ADDRESS	502 Missouri Av.		
CITY-ST-ZIP	Lynn Haven FL 32444		
TITLE	Secretary	<input type="checkbox"/> DELETE	
NAME	Rosetta B. Lencke		
STREET ADDRESS	103 Timberlane		
CITY-ST-ZIP	Panama City FLA 32405		
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: _____ DATE: April 13, 1997 DAYTIME PHONE: 9042347603			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)