## **2005 FOR PROFIT CORPORATION**

## **FILED** 2005 08:00 AM

|   | JO UO:UU F              |
|---|-------------------------|
| 229 MCKENZIE AVENUE PANAMA CITY, FL 32401  DO NOT WRITE IN THIS SPACE  01102005 No Chg-P GR2E034 (10)  4. FEI Number 59-34 14076  5. Certificate of Status Desired \$8.75 Fee Re  6. Name and Address of Current Registered Agent  WHITE, JAMES H JR 229 MCKENZIE AVENUE  DO NOT WRITE  | ry of State             |
| DO NOT WRITE IN THIS SPACE    01102005   No Chg-P   CR2E034 (10)   4. FEI Number   59-3414076     59-3414076 |                         |
| WHITE, JAMES H JR 229 MCKENZIE AVENUE  DO NOT WRITE   |                         |
| IN THIS SPACE   |                         |
| <ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.</li> </ol>   | miliar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |                         |
| FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campalgn Financing \$5.00 May Be  Trust Fund Contribution. Added to Fees   | -                       |
| 10. OFFICERS AND DIRECTORS  TITLE P NAME NIX, PAUL STREET ADDRESS 2711 W 15TH ST CITY-ST-ZIP PANAMA CITY, FL 32405  TITLE ST NAME WHITE, JAMES H JR STREET ADDRESS 4654 BAYWOOD DRIVE CITY-ST-ZIP LYNN HAVEN, FL 32444  TITLE   | ;<br>-013 150.00        |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  IN THIS SPACE   |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |                         |

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Secl

SIGNATURE TIME HOLL TO James H. White James H. White, Fr.

(85)785-1522 Daylime Phone #