

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098071 (9)

1. Corporation Name
2M, INCORPORATED

Principal Place of Business 324 EAST BEACH DRIVE #501 PANAMA CITY FL 32401	Mailing Address 324 EAST BEACH DRIVE #501 PANAMA CITY FL 32401-5810
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2. Principal Place of Business 21 6547 Hwy 231 Suite, Apt. #, etc. 22 City & State 23 Panama City FL Zip Country 24 32404 25	2a. Mailing Address 26 324 E. Beach Dr Suite, Apt. #, etc. 27 #501 City & State 28 Panama City FL Zip Country 29 32401 30
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3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
4. FEI Number 59-3432108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOWDEN, MAX A
324 EAST BUSCH BLVD.
#501
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Max A. Bowden
82 Street Address (P.O. Box Number Is Not Acceptable) 324 East Beach Dr. #501
83
84 City Panama City
85 Zip Code FL 32401

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 **Max A. Bowden**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

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	
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 checked="" type="checkbox"/> Addition
1.2 NAME	P/O Max A. Bowden
1.3 STREET ADDRESS	324 E. Beach Dr. #501
1.4 CITY - ST - ZIP	Panama City FL 32401
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark A. Swearington
2.3 STREET ADDRESS	2242 Camp Flowers Rd
2.4 CITY - ST - ZIP	Youngstown FL 32466
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: **Max A. Bowden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 904-747-4460

Date

Daytime Phone # 0000000

CR2E034 (9/96)