


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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017498 (1)

1. Corporation Name  
**MICCAT COMPANY**

Principal Place of Business  
**8050 N 9TH AVE #124  
PENSACOLA FL 32514-6467**

Mailing Address  
**8050 N 9TH AVE #124  
PENSACOLA FL 32514-6467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>P.O. BOX 11033</b>		02/20/1997	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 <b>PENSACOLA FL</b>		59-3424941	
24 Country		29 <b>32524-1033</b>		Applied For	
25		30 <b>ESCAMBIA</b>		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>HILL, CATHAN V 8050 N 9TH AVE #124 PENSACOLA FL 32514-6467</b>				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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 **CATHAN V. Hill, Secretary/Treasurer** **Cathan V. Hill** **4-27-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>P PRESIDENT (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>JOHN MICHAEL HILL</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>8050 N. 9th Avenue #124</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V VICE-PRESIDENT (V)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>FINIS S. CALVERT, JR.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2560 Burgess Road E.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Pensacola, FL 32504</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>S/T SECRETARY/TREASURER (S/T)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>CATHAN V. HILL</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>8050 N. 9th Avenue #124</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **John Michael Hill** **J. Michael Hill, President** **4-27-98** **850-450-5606**

CR2E034 (10/97)