

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90007 010 ***150.00

DOCUMENT # P97000025640

1. Corporation Name

APALACH HOLDING COMPANY, INC.



Principal Place of Business
15 HARBOUR POINT DRIVE
CRAWFORDVILLE FL 32327

Mailing Address
PO BOX 96
APALACHICOLA FL 32329-0096

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 82 Commerce St.	26 P.O. Box 96
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Apalachicola, FL	27 Apalachicola, FL
City & State	City & State
23 32320	28 32329-0096
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified	03/17/1997
4. FEI Number	59-3474645
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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATCHISON, ROBERT P 15 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 82-Commerce St. 84 City Apalachicola FL 85 Zip Code 32320

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, 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	P	1.1 TITLE	President
NAME	MORSE, STANFORD E	1.2 NAME	Robert Atchison
STREET ADDRESS	82 COMMERCE ST	1.3 STREET ADDRESS	82 Commerce St.
CITY-ST-ZIP	APALACHICOLA FL 32320	1.4 CITY-ST-ZIP	Apalachicola, FL 32320
TITLE	V	2.1 TITLE	Vice President
NAME	ATCHISON, ROBERT	2.2 NAME	Stanford E. Morse III
STREET ADDRESS	82 COMMERCE ST	2.3 STREET ADDRESS	82 Commerce St.
CITY-ST-ZIP	APALACHICOLA FL 32320	2.4 CITY-ST-ZIP	Apalachicola, FL 32320
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

Robert Atchison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 850-653-2427
Date Daytime Phone #

CR2E034 (11/98)

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