

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Down, Inc			
Principal Place of Business 4736 Hwy 90 East MARIANNA, FLA		Mailing Address P.O. Box 486 MARIANNA, FL 32447	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent ODom, John H. 4736 Highway 90 East MARIANNA FL, 32447		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	
11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 12. Vice President ODom, John H 4736 Hwy 90 East MARIANNA, FLA 32447 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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 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 of this report, or on a separate attachment to this report.			
SIGNATURE: John H. Odom		4-27-98 850-482-5057	

CR2E034 (10/97)