

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043469 (0)**
1. Corporation Name
IN-OPERATIVE MINDS, INC.



Principal Place of Business 13667 E EMERALD COAST PARKWAY PANAMA CITY BEACH FL 32413	Mailing Address 13667 E EMERALD COAST PARKWAY PANAMA CITY BEACH FL 32413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 407 Deep Forest Lane 27 Suite, Apt. #, etc. 28 Panama City Bch, FL 29 Zip 32408 30 Country USA		3. Date Incorporated or Qualified 05/16/1997	
				4. FEI Number 59-3446689	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRUBB, SCOTT C 13667 E EMERALD COAST PARKWAY PANAMA CITY BEACH FL 32413		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Pamela Siegler (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBB, SCOTT C	1.2 NAME	
STREET ADDRESS	407 DEEP FOREST LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGLER, PAMELA A	2.2 NAME	
STREET ADDRESS	407 DEEP FOREST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Vice-president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT C	3.2 NAME	
STREET ADDRESS	216 PELICAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Becky A. Davis
STREET ADDRESS		4.3 STREET ADDRESS	216 Pelican Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Panama City Beach FL 32408
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: Pamela A Siegler 4-16-98 (850) 231-0755

CR2E034 (10/97)