

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # P97000072359 (7)

1. Corporation Name

DEFUNIAK SPRINGS CATALOG SALES, INC.



Principal Place of Business

Mailing Address

633 HIGHWAY 80 WEST
DEFUNIAK SPRINGS FL 32433

633 HIGHWAY 80 WEST
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

59-3468674

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O Box 1449

22 City & State

27 City & State

23 Zip

Country

24

25

28 Defuniak Spgs FL

29 32435

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, MARK D
694 BALDWIN AVENUE
DEFUNIAK SPRING FL 32433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PSTD
NAME BUTTS, R. BRUCE
STREET ADDRESS P.O. BOX 1449
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 355 Peck Cawthon RD.
1.4 CITY-ST-ZIP

TITLE VPD
NAME FRIZZELL, ARTHUR
STREET ADDRESS P.O. BOX 871
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 580 Twin Lakes Drive
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 included, or on any attachment with an address.

SIGNATURE: [Signature] R. Bruce Butts, Jr.

1-8-98 857 882 0684

CR2E034 (10/97)