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Jun 07, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000038723			
1. Corporation Name PROJECT NAVIGATORS, INC.			
Principal Place of Business C/O CARLA J. HODGES <del>2785 HWY 77</del> <del>2785 HWY 77</del> CHIPLEY FL 32428		Mailing Address C/O CARLA J. HODGES <del>2785 HWY 77</del> P.O. Box 122 CHIPLEY FL 32428	
2. Principal Place of Business 21 1096 US Hwy 90 E Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 122 Suite, Apt. #, etc. 27	
City & State 23 Chipley, FL Zip Country 24 32428 25 USA		City & State 28 Chipley, FL Zip Country 29 32428 30 USA	
9. Name and Address of Current Registered Agent HODGES, CARLA J <del>2785 HWY 77</del> <del>2785 HWY 77</del> CHIPLEY FL 32428 1096 U.S. Hwy 90 E		10. Name and Address of New Registered Agent 81 Name <del>Carla J. Hodges</del> 82 Street Address (P.O. Box Number is Not Acceptable) <del>2785 HWY 77</del> 83 84 City <del>Chipley</del> FL 85 Zip Code <del>32428</del>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, CARLA J <del>2785 HWY 77</del> CHIPLEY FL 32428	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, RAY <del>2785 HWY 77</del> CHIPLEY FL 32428	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Carla J. Hodges* CARLA J. HODGES 5-7-99 (850)638-9802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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