

May 01 1997 8:00am  
Secretary of State



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3. Date Incorporated or Qualified <b>10/05/1990</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3037959</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent	
<b>DOWNING, RAYNDEL P.</b> <b>2111 HIGHWAY 87 SOUTH</b> <b>NAVARRE FL 32566</b>	81 Name
	82 Street Address
	83 City
	84 State

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.

<b>SIGNATURE</b>		<b>DATE</b>
Signature, typed or printed name of registered agent and title if available	(NOTE: Registered Agent signature required when reinstatement)	

12.		OFFICERS AND DIRECTORS		13.	
TITLE	P	<input type="checkbox"/>	DELETE	1.1 TITLE	
NAME	DOWNING, RAYNDEL P.			1.2 NAME	
STREET ADDRESS	3884 MARINERS DR			1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	<input type="checkbox"/>	DELETE	1.4 CITY-ST-ZIP	
TITLE	V			2.1 TITLE	
NAME	DOWNING, KENNETH Y.			2.2 NAME	
STREET ADDRESS	1830 FLAMINGOHANE			2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVERRE FL	<input type="checkbox"/>	DELETE	2.4 CITY-ST-ZIP	
TITLE	VP			3.1 TITLE	
NAME	BERRYILL, CARL	<input type="checkbox"/>	DELETE	3.2 NAME	
STREET ADDRESS	3345 ESPANOLA DRIVE			3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	<input type="checkbox"/>	DELETE	3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	DELETE	4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/>	DELETE	4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME		<input type="checkbox"/>	DELETE	5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/>	DELETE	5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME		<input type="checkbox"/>	DELETE	6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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 in an attachment with an address.

SIGNATURE: *[Signature]* 4-15-97 904-939-5499