## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

	Gountry 25	Mailing Address  200 BROAD STREET THIRD FLOOR. SUITE GADSDEN AL 35901-3 US  28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State	•	<ul> <li>3. Date Incorporated or Qualified</li> <li>01/25/1991</li> <li>4. FEI Number</li> <li>63-1039730</li> </ul>	3a. Date of Last Report 01/24/1995 Applied For
Principal Place o Scilte, Apt. #, etc City & State Zip	Country 25	US  2a. Mailing Address 26  Suite, Apt. #, etc. 27  City & State	714	01/25/1991 4. FEI Number	01/24/1995
Scille, Apt. #, etc City & State Zip	Country 25	26 Suite, Apt. #, etc. 27 City & State		4. FEI Number	
City & State Zip	Country 25	Suite, Apt. #, etc. 27 City & State		63-1039730	
Ζ(μ) <b>9.</b>	25	City & State			Not Applicab  88.75 Additional
Ζ(μ) <b>9.</b>	25	<u>├</u> ─1 '		5. Certificate of Status Desired	Fee Required
9.	25	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,
	Name and Address of Curre	29   nt Registered Agent	30	Florida Statutes K Yes  10. Name and Address of New F	Registered Agent
			81 Name		- Service Agent
	ON, EDWARD A., JR.		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)
221 MCKEN PANAMA CI	IZIE AVE. ITY FL 32401		83		
			<b>84</b> City		as Zo Code
		W		oration submits this statement for the pur pard of directors. I hereby accept the app	FL 85 Zip Code
· · · · · · · · · · · · · · · · · · ·	re, typed or printed naries of registered agen OFFICERS AN	D DIRECTORS  DELETE	TE Registered Agent signature required 13.  1.1 TITLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
	SUTTLE, ROGER C.	[]	1.2 NAME		C) charge C Addition
I	2208 State Ave. Panama City Fl		1 3 STREET ADDRESS		
	)	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
	WILSON, DONALD B.		2 2 NAME		
	2208 STATE AVE. PANAMA CITY FL		2.3 STREET ADDRESS 2.4 City-St-Zip		
· · · · · · · · · · · · · · · · · · ·		DELETE	3 1 TITLE		☐ Change ☐ Addition
fE			3 2 NAME		
HI ADDRESS HSI ZP			3 3. STREET ADDRESS  3.4 DITY - ST - ZIP		
F		DELETE	4. 1 TITLE		Change Addition
EFT ADDRESS			4.2 NAME		
-\$1-7iP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
·		DELETE	5 1 TITLE		☐ Change ☐ Addition
TE ADDRESS			5 2 NAME		
51-2#			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
f		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
III ADDOCEE			6 2 NAME		
ST-ZIP	_		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
I do hereby cert	ify that the information of plied	with this files voluntarily furni	shed and does not orgalify	for the exemption stated in Section 119, rate and that my signature shall have the	.07(3)(k), Florida Statutes. I further