

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:15

DOCUMENT # **S30077** (9)
1. Corporation Name
FLORIDA MSI, INC.

Principal Place of Business Mailing Address
**6222 E. HWY 98
PANAMA CITY FL 32404
US** **3521 FLORIDA AVENUE
PANAMA CITY FL 32405
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/06/1991** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-3049882** Apport For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. The corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5121 THOMAS DRIVE** 26
22 City & State 27
PANAMA CITY BEACH, FL
23 City & State
PANAMA CITY BEACH, FL
24 **B2408** 25 **US** 29 **US** 30

9. Name and Address of Current Registered Agent
**PRATHER, JOEL G.
1449 LUYERNE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3521 FLORIDA AVENUE
83 **A**
84 City **PANAMA CITY** FL 85 Zip Code **32405**

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, if both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joel G. Prather* DATE: **3/9/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PRATHER, JOEL G.
STREET ADDRESS	1449 LUYERNE AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VP
NAME	VILLELLA, ANTHONY D
STREET ADDRESS	6222 E. HWY 98
CITY-ST-ZIP	PANAMA CITY FL
TITLE	S
NAME	PRATHER, ELIZABETH K
STREET ADDRESS	3521 FLORIDA AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	5121 THOMAS DRIVE
23 STREET ADDRESS	PANAMA CITY FL 32405
24 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	TREASURER
43 STREET ADDRESS	EUGENE FLORES
44 CITY-ST-ZIP	5121 THOMAS DRIVE
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information supplied 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: *Joel G. Prather* **JOEL G. PRATHER** 3/9/95 904-769-9453
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR Date (Day/Month/Year)