

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S30077 (9)**

1. Corporation Name
FLORIDA MSI, INC.



Principal Place of Business: **5121 THOMAS DRIVE PANAMA CITY FL 32408 US**
Mailing Address: **3521 FLORIDA AVENUE PANAMA CITY FL 32405 US**

3. Date Incorporated or Qualified: **02/06/1991**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business: **3521 FLORIDA AVE**
2a. Mailing Address: **3521 FLORIDA AVE**
21. Suite, Apt. #, etc.: **PANAMA CITY, FL**
22. City & State: **PANAMA CITY FL**
23. City & State: **PANAMA CITY FL**
24. Zip: **32405**
25. Country: **USA**
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip:
30. Country:

4. FEI Number: **59-3049882**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PRATHER, JOEL G. 3521 FLORIDA AVENUE SUITE A PANAMA CITY FL 32405**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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: *Joel G. Prather, President* **JOEL G. PRATHER** 4/15/96
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRATHER, JOEL G.		1.2 NAME:	
STREET ADDRESS: 1449 LUVERNE AVE.		1.3 STREET ADDRESS:	
CITY-ST-ZIP: PANAMA CITY FL		1.4 CITY-ST-ZIP:	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TREASURER VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VILLELLA, ANTHONY D		2.2 NAME: ELIZABETH K. PRATHER	
STREET ADDRESS: 5121 THOMAS DRIVE		2.3 STREET ADDRESS: 3521 FLORIDA AVENUE	
CITY-ST-ZIP: PANAMA CITY BEACH FL		2.4 CITY-ST-ZIP: PANAMA CITY, FL 32405	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRATHER, ELIZABETH K		3.2 NAME:	
STREET ADDRESS: 3521 FLORIDA AVE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: PANAMA CITY FL		3.4 CITY-ST-ZIP:	
TITLE: T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FLORES, EUGENE		4.2 NAME: ELIZABETH K. PRATHER	
STREET ADDRESS: 5121 THOMAS DRIVE		4.3 STREET ADDRESS: 3521 FLORIDA AVE	
CITY-ST-ZIP: PANAMA CITY BEACH FL		4.4 CITY-ST-ZIP: PANAMA CITY, FL 32405	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 119.07(3)(k), 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.

SIGNATURE: *Joel G. Prather, President* **JOEL G. PRATHER** 4/15/96 905-769-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)