

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70298** (2)
1. Corporation Name
PRAG, INC.



Principal Place of Business RT 1 BOX 3775 PALATKA FL 32177	Mailing Address RT 1 BOX 3775 PALATKA FL 32177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business RT 1 BOX 3775		2a. Mailing Address RT 1 BOX 3775		3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3078797	Applied For Not Applicable
22 City & State Palatka, FL		27 City & State Palatka, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32177		28 Zip 32177		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOWNSEND, WILLIAM L. JR 200 REID ST PALATKA FL 32178-0250				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVD	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNS, CAUSEY PAUL			1.2 NAME	Greg Johns		
STREET ADDRESS	RT 1 BOX 3775			1.3 STREET ADDRESS	Rt. 1 Box 4024-3		
CITY-ST-ZIP	PALATKA FL			1.4 CITY-ST-ZIP	Palatka, FL 32177		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNS, RHONDA			2.2 NAME	Paula J Ward		
STREET ADDRESS	RT 1 BOX 3775			2.3 STREET ADDRESS	Rt. 1 Box 4024		
CITY-ST-ZIP	PALATKA FL			2.4 CITY-ST-ZIP	Palatka, FL 32177		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 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.

(904)

CR2E034 (497)