

CORPORATION
ANNUAL REPORT
1995

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

Principal Place of Business	Mailing Address
49 MARKET STREET APALACHICOLA FL 32320	49 MARKET STREET APALACHICOLA FL 32320

9. Name and Address of Current Registered Agent	
STEWART, HAROLD L. 131 N. BAYSHORE DRIVE EASTPOINT FL 32328	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors or similar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  _____

(NOTE: Registered Agent signature required with Form 201, if agent or principal agent of registered agent and then deposited.)

12. OFFICERS AND DIRECTORS			13.	
TITLE	P		1.1 TITLE	
NAME	STEWART, DEBRA E.		1.2 NAME	
STREET ADDRESS	131 N. BAYSHORE DRIVE		1.3 STREET ADDRESS	
CITY- ST- ZIP	EASTPOINT FL		1.4 CITY- ST- ZIP	
TITLE	C		2.1 TITLE	
NAME	STEWART, HAROLD L.		2.2 NAME	
STREET ADDRESS	131 N. BAYSHORE DRIVE		2.3 STREET ADDRESS	
CITY- ST- ZIP	EASTPOINT FL		2.4 CITY- ST- ZIP	
TITLE	ST		3.1 TITLE	
NAME	COOPER, DEBORAH		3.2 NAME	
STREET ADDRESS	49 MARKET STREET		3.3 STREET ADDRESS	
CITY- ST- ZIP	APALACHICOLA FL		3.4 CITY- ST- ZIP	
TITLE			4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY- ST- ZIP			4.4 CITY- ST- ZIP	
TITLE			5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY- ST- ZIP			5.4 CITY- ST- ZIP	
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY- ST- ZIP			6.4 CITY- ST- ZIP	

14. I can hereby certify that the information supplied with this filing is substantially true and does not qualify for
certification that the information indicated on this annual report or supplementary annual report is true and accurate
only, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this re-
turn appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Cooper Deborah Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DISTRIBUTION

DO NOT WRITE IN THIS SPACE.

10. Name and Address of New Registered Agent		
(P.O. Box Number is Not Acceptable)		
FL	05	Zip Code

I hereby accept the appointment as registered agent. I am

(then resigning)	DALL
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition
☐ Change	☐ Addition

the exemption stated in Section 110.07(3)(k), Florida Statutes, I further
 and that my signature shall have the same legal effect as if made under
 oath as required by Chapter 007, Florida Statutes; and that my name

1-16-95 904-683-8551