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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87805

(5)

Principal Place of Business 82 - 8TH ST. APALACHICOLA FL 32320 Principal Place of Business 82 - 8TH ST. APALACHICOLA FL 32320-1751								
US		US			3. Date Incorporated or Qualified 10/17/1991		te of Last R 25/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 00/		plied For
1		26			59-2093779		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e	City & State			6. Election Campaign Financing			
3	-	28			Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	/	8. This corporation has liability for	intangible		
4	25	29	30] Yes		
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered A	Agent	
STEWART, HAROLD L. 131 N. BAYSHORE DRIVE EASTPOINT FL 32328			82 63 84	Street Add	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code			
office of r	egistered agent, or both, in the State i m familiar with, and accept the oblig	of Florida, Such change was	s authorized by	v the corpora				registered
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable (NS	DTF: Registered Age		poration submits this statement for the pation's board of directors. I hereby accepance when relinstating ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE	<u>:</u>	ont and title if applicable (NS				DATE		IS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN P STEWART, DEBRA E.	ont and title if applicable (NO	DIF: Registered Age		uired when reinstating;	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. ITLE IAME	Signature, typed or printed name of registered age OFFICERS AN P STEWART, DEBRA E. 131 N. BAYSHORE DRIVE	ont and title if applicable (NO	DIE: Registered Age 13. 1.1 TILE	ent signature requ	uired when reinstating;	DATE	DIRECTOR	IS IN 12
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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.

SIGNATURE:

Principal Wilder Hickory Welgan

ro Wilson 12/

02/04/97 904-653-8551

FILED

Feb 10 1997 8:00am

Secretary of State