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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V02581 (9)

1. Corporation Name
FOURLLS, INC.



Principal Place of Business: ROUTE 7, BOX 6, LIVE OAK FL
Mailing Address: ROUTE 7, BOX 6, LIVE OAK FL 32060-9007

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business: 21 13396 76th ST
2a. Mailing Address: 26 13396 76th ST.

4. FEI Number: 59-3122565
Applied For: Not Applicable

22 Suite, Apt. # etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: Live Oak
28 City & State: Live Oak

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 Zip: FL 32060 Country: US
29 Zip: FL 32060 Country: US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
LEWIS, BRADFORD C.
RT 7 BOX 6
LIVE OAK FL 32080

10. Name and Address of New Registered Agent
81 Name: Bradford C. Lewis
82 Street Address (P.O. Box Number is Not Acceptable): 14544 96th Place
83
84 City: Live Oak FL 85 Zip Code: 32060

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: [Signature] DATE: 1/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	LEWIS, LEROY D. SR.	
STREET ADDRESS	ROUTE 7, BOX 6	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	ST	DELETE
NAME	BRADFORD, LEWIS	
STREET ADDRESS	RT 7 BOX 6 NA	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	DELETE
NAME	LEWIS, LAWRENCE LEE	
STREET ADDRESS	ROUTE 7, BOX 6	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	DELETE
NAME	LEWIS, LEROY D. JR.	
STREET ADDRESS	ROUTE 7 BOX 6	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	Change	Addition
1.2 NAME	Lewis, Leroy D. Sr.		
1.3 STREET ADDRESS	12632, US 129 South		
1.4 CITY-ST-ZIP	Live Oak, FL 32060		
2.1 TITLE	ST	Change	Addition
2.2 NAME	Lewis, Bradford C		
2.3 STREET ADDRESS	14544 96th Place		
2.4 CITY-ST-ZIP	Live Oak, FL 32060		
3.1 TITLE	D	Change	Addition
3.2 NAME	Lewis, Lawrence L		
3.3 STREET ADDRESS	12654 US 129 South		
3.4 CITY-ST-ZIP	Live Oak, FL 32060		
4.1 TITLE	D	Change	Addition
4.2 NAME	Lewis, Leroy D. Sr.		
4.3 STREET ADDRESS	10848 SR 51 South		
4.4 CITY-ST-ZIP	Live Oak, FL 32060		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: [Signature] DATE: 1/20/97 DAYTIME PHONE: 904-362-5009

CR2E034 (9/96)