

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 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 # V11135 (3)			
1. Corporation Name EASY PUL INC.			
Principal Place of Business RT. 4. BOX 1598 HAVANA FL 32333 US		Mailing Address RT. 4. BOX 1598 HAVANA FL 32333-9800 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent WOLMARANS, WANDA C WILLIAMS US HWY 27 N. RT. 4 BOX 1598 MIDWAY FL 32343		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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			
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	JOHNSON, MICHAEL		
STREET ADDRESS	RT. 4		
CITY-ST-ZIP	HAVANA FL		
TITLE	VST	<input type="checkbox"/> DELETE	
NAME	WOLMARANS, WANDA C		
STREET ADDRESS	US HWY 27 N, RT. 4 BOX 1598		
CITY-ST-ZIP	HAVANA FL		
TITLE	M	<input type="checkbox"/> DELETE	
NAME	SMITH, TAMMY J		
STREET ADDRESS	1780 LAKE PK CIR.		
CITY-ST-ZIP	MORRISTOWN TN 37814		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	WOLMARANS, PETRUS G		
STREET ADDRESS	RT 4 BOX 1598		
CITY-ST-ZIP	HAVANA FL 32333		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	300002111153		
1.3 STREET ADDRESS	-03/12/97--01058--018		
1.4 CITY-ST-ZIP	***165.00		
2.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	WANDA C WOLMARANS		
2.3 STREET ADDRESS	US Hwy 27 N Rt 4 Box 1598		
2.4 CITY-ST-ZIP	HAVANA, FL 32333		
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	JOHANN ROSHE WOLMARANS		
4.3 STREET ADDRESS	US Hwy 27 N Rt 4 Box 1598		
4.4 CITY-ST-ZIP	HAVANA, FL 32333		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	Tony L Hobbs		
5.3 STREET ADDRESS	Rt 7 Box 5039		
5.4 CITY-ST-ZIP	QUINCY, FL 32351		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	BARBARA HOBBS		
6.3 STREET ADDRESS	Rt 7 Box 5039		
6.4 CITY-ST-ZIP	QUINCY, FL 32351		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information included 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: Wanda C Williams Wolmarans 02-28-1997 539-1780			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CP2E034 (9/96)