FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12291 (3)

1. CARL HOFFMAN, INC.

Principal Place of Business	Mailing Address
HCR BOX 9 ST. GEORGE ISLAND ST GEORGE ISLAND FL 32328 US	HCR BOX 9 ST. GEORGE ISLAND ST GEORGE ISLAND FL 32328 US

3. Date Incorporated or Qualified: 02/07/1992

3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-3105056 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes — Yes / X No

9. Name and Address of Current Registered Agent

FOREHAND, WALTER E.
MYERS & FOREHAND
402 N. OFFICE PLAZA DR.,SUITE B
TALLAHASSEE FL 32301

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
P	HOFFMAN, CARLOS A JR	HCR BOX 9 N/A	ST GEORGE ISLAND FL
VSTD	MORGAN, MATTHEW P	HCR BOX 9 N/A	ST GEORGE ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change/Addition
RESIGNED	MORGAN, MATTHEW	HRC BOX 9	STGEORGE ISLAND FL	X Change
V	CLARK, WILLIAM C	65 AVE E	APALACHICOLA FL 32320	X Addition

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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] 4/20/95 904-927-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0028290 CP