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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51373

(1)

MTB OF NORTHWEST FLORIDA, INC.

	-	FILEI	)
Feb	13	1997	8:00am
Se	ecre	etary c	of State

|--|

Principal Place of Business Mailing Address										
		· ·								
909 MAR WALT DRIVE SUITE 1014		SUITE 1014	909 MAR WALT DRIVE SHITE 1014							
	ON BEACH FL 32547		FORT WALTON BEACH FL 32547-6711							
					3. Date Incorporated or Qualified 07/14/1992	<b>3a.</b> Date of Last Report <b>03/18/1996</b>				
	Place of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26	26			59-3136514			Not Applicable	
Suite, Apt	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Sta	ate	City & State	1							
23		28	<del></del> 1			Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intengible			
24	25	29	30	•				X No	3. 103.00E,	
	9. Name and Address of Curren			T	~	10. Name and Address of New Re	gistered	Agent		
FΩ	STER, WILLIAM SCOTT			81	Name					
	9 MAR WALT DRIVE									
	ITE 1014			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)			
	RT WALTON BEACH FL 32547			83			•			
. •				84	City			<b>85</b> Zip	Code	
					J.,		FL	.   "   "	. 5566	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI		*E Hegislere	d Age	nt signature requi	ed when renstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12	
TITLE	DP /	DELETE	13 TI	TLE				Change		
NAME	TOLEŘ, KENNETH P.		1 2 N	AME						
STREET ADDRESS			13 S	TREET	ADDRESS					
CITY-ST-ZIP	JACKSON MS		140	ITY-S	T - ZIP					
TITLE	DV	DELETE	21 <b>T</b> I	:LE				Change	Addition	
NAME	REILLY, FRANK J		22 N	AME						
STREET ADDRESS	4815 NORTH HAMPTON DRIVE	•	2 3 S1	TREET	ADDRESS					
CHTY - ST - ZIP	JACKSON MS		2.40	ITY-S	ST - ZiP	•				
TITLE	DTS	☐ DELETE	3 1 TI	1LE				Change	Additio	
NAME	COOKE, WILLIAM H.		3 2 N/	4ME						
STREET ADDRESS			3351	REET	aduress					
CITY - ST - ZIP	JACKSON MS		3.4. C	1TY - 5	ST - ZIP					
TITLE		☐ DELETE	4.1 Tr	1LE				Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS	3				ADDRESS					
CITY-ST-ZIP			4.4 C1		I - ZIP					
TITLE		☐ DELETE	5.1 기					☐ Change	☐ Addition	
NAME			5.2 N							
STREE1 ADDRESS	5		5 3 51	REE1	ADDRESS					
CITY - S1 - ZIP		П	5.4 CI		r-zip			n.		
TITLE		☐ DELETE	6.1 Tf					☐ Change	Addition	
NAME			6.2 NA							
STREET ADDRESS			- 1		ADDRESS					
CITY - ST - ZIP			6.4 CI	TY-S	1 - 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: