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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V57848

(6)

MATERIAL EXCHANGE CORPORATION

Principal Place of Business

5355 GROVER CLEVELAND BLVD HOMOSASSA SPRINGS FL 34446

Mailing Address

5855 GROVER CLEVELAND BLVQ HOMOSASSA SPRINGS FL 84448-1506-

FILED Aug 13 1997 8:00am Secretary of State



US		US				
				3. Date Incorporated or Qualified 08/17/1992 3a. Date of Last Report 04/18/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	DOF	4. FEI Number	Applied For	
21 1	THE PERSON NOT THE	1 20 1 1	885	59-3142308	Not Applicable	
Suite, Apt. (Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 344	Country 25	29 34478	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes X No	
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
JOH	NOTON: GARY-L		81 Name	Qualition File		
4207	S PURSUME DR-		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
HON	100A00A-FL=84448-		02 3000			
				83		
			84 City		OF Tip Code	
•			84 City	Ocala	FL 85 200070	
11. Pursuant t	to the provisions of Sections 607,04-06	and 607 1508, Florida Statut	es, the above-name	corporation submits this statement for the	ourpose of changing its registered	
11. Pursuant to the provisions of Sections 607 0609 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 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 a proving the state of Florida Statutes.						
	MIMANIC	mond of, obolion our loods, i'v	ortina biatatoo.		7/197	
SIGNATURE .	Signature, typied or printed name of legistered ager	it and title if applicable. (NOT	E: Registered Agent signatu	e required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	TO	DELETE	1.1 TITLE	P/S/D	Change Addition	
NAME	J OHNSTON, GARY L-	•	1.2 NAME	KOWETH H. MEAD	-764	
STREET ADDRESS	4207 PURSLANE DR		1.3 STREET ADDRESS	PARTY 1005 500 NE	BIMANE	
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY+ST-ZIP	OCALA FL 34478	,	
TITLE	\$10	K) DELETE	2.1 TITLE	VP/AS/D	Change Addition	
NAME	ROOKS, MICHAEL D.	• •	2.2 NAME	ROBERT T. ROTH		
STREET ADDRESS	-1037-SE PARADISE CIR E-		2.3 STREET ADDRESS	PARAMARE 500 NE	BTT ANC	
CITY-ST-ZIP	CRYSTAL RIVER FL.		2 4 CITY-ST-ZIP	OCALA PL 3447		
TITLE	10 =	DELETE	3.1 TITLE	VP/AS/D	Change Addition	
NAME	A -MWAHS, NOTENH OL		3.2 NAME	e. S FUTCH, JR		
STREET ADDRESS	-5700-C-ROVAN-PT		3.3 STREET ADDRESS	2000 4885 600 NI	E BTHAVE	
CITY-ST-ZIP	LEGANTO-FL		3.4. CITY - \$1 - ZIP	OCALA FL 34478	>	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	<u> </u>	Change Addition	
NAME		-	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	by certify that the information supplied	with this filing does not quali		stated in Section 119.07(3)(i), Florida Statute	es. I further certify that the	
informatio I am an of appears in	in indicated on this annual eport or s fficer or director of the comporation or n Block 12 or Block 12 if changed, or	upplemental annual report is t the receiver or trustee empey on an attrichment with an arc	rue and accurate an lered to execute this dress.	stated in Section 119.07(5)(i), Florida Statute d that my signature shall have the same leg- report as required by Chapter 607, Florida :	al effect as if made under oath; that Statutes; and that my name	