

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69739** (3)

1. Corporation Name
CLYDE D. COULTER, JR. CORPORATION



Principal Place of Business: **P. O. BOX 428 CEDAR KEY FL 32625 US**
Mailing Address: **P. O. BOX 428 CEDAR KEY FL 32625 US**

3. Date Incorporated or Qualified: **10/08/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23): Suite, Apt. #, etc.; City & State; Zip, Country
2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip, Country

4. FEI Number: **59-3162050**
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 No

9. Name and Address of Current Registered Agent
**HOLDEN, CHARLES I JR
2700-C NW 43RD ST
GAINESVILLE FL 32606**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD	NAME	YATES, MICHAEL
STREET ADDRESS	U/A EASY ST	CITY - ST - ZIP	CEDAR KEY FL
TITLE	STD	NAME	TEETOR, MACY O III
STREET ADDRESS	U/A EASY ST	CITY - ST - ZIP	CEDAR KEY FL
TITLE	VD	NAME	MCJORDAN, WALTON
STREET ADDRESS	333 EASY ST	CITY - ST - ZIP	CEDAR KEY FL
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		2.1 TITLE	
1.2 NAME		2.2 NAME	
1.3 STREET ADDRESS		2.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael L. Yates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL L. YATES

4/9/96
3525435462
Date Registered Phone #

CR2E034 (12/95)