

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 241390 (4)
1. Corporation Name
PALATKA WESTGATE CORPORATION



Principal Place of Business 331 CENTRAL AVE. CRESCENT CITY FL 32112	Mailing Address 331 CENTRAL AVE. CRESCENT CITY FL 32112-2807
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3. Date Incorporated or Qualified 10/21/1960	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0990668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLER, THOS A 1133 SPRING ST. #301 WELAKA FL 32193		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 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: *Thos A Miller* DATE: **4-30-97**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE C	1.2 NAME	
STREET ADDRESS	201 LAKESHORE DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CRESCENT, FL 00000	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, THOMAS A.	2.2 NAME	
STREET ADDRESS	1133 SPRING ST. #301	2.3 STREET ADDRESS	
CITY- ST- ZIP	WELAKA FL	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DANIEL L.	3.2 NAME	
STREET ADDRESS	900 N. OAKWOOD ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CRESCENT CITY FL	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD J.	4.2 NAME	
STREET ADDRESS	512 N. LAKE ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	CRESCENT CITY FL	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOSEPH E	5.2 NAME	
STREET ADDRESS	107 BREEZY POINT LANE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CRESCENT CITY FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)