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Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000005988 (9)

1. Corporation Name  
BAMA 7 INC.

Principal Place of Business  
7807 BAY MEADOWS CT.  
PENSACOLA FL 32507

Mailing Address  
7807 BAY MEADOWS CT.  
PENSACOLA FL 32507-1585



2. Principal Place of Business  
21 9827 NEESONWOOD DR  
Suite, Apt #, etc.  
22 SHREVEPORT, LA  
City & State  
23  
24 Zip 71106 25 Country USA

2a. Mailing Address  
26 BAMA 7 INC  
Suite, Apt #, etc.  
27 9827 NEESONWOOD DR  
City & State  
28 SHREVEPORT, LA  
29 Zip 71106 30 Country USA

3. Date Incorporated or Qualified 01/19/1993  
3a. Date of Last Report 03/27/1996  
4. FEI Number 59-3174389 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  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
DOWNING, CHARLES R  
7807 BAY MEADOWS CT.  
PENSACOLA FL 32507

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 \_\_\_\_\_  
Signature, typed or printed name of registrant, officer and director, and

DATE \_\_\_\_\_  
Date of Registration Agent Signature (required when transferring)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOWNING, WILLIAM R JR	
STREET ADDRESS	640 EDGE HILL	
CITY-ST-ZIP	MAUMELLE AR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOWNING, SCOTT M	
STREET ADDRESS	9827 NEESONWOOD DR.	
CITY-ST-ZIP	SHREVEPORT LA 71106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOWNING, MICHELLE A	
STREET ADDRESS	9827 NEESONWOOD DR	
CITY-ST-ZIP	SHREVEPORT LA 71106	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOWNING, WILLIAM R	
STREET ADDRESS	9827 NEESONWOOD DR	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DOWNING, WILLIAM R JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	906 COULTER	
1.3 STREET ADDRESS	STERWOOD, AR 72120	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VP	
4.2 NAME	DOWNING, WILLIAM R	
4.3 STREET ADDRESS	9827 NEESONWOOD DR	
4.4 CITY-ST-ZIP	SHREVEPORT LA 71106	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or is included as an attachment with an address.

SIGNATURE: William R Downing, VP 3/12/97 318-797-2789

CR2E034 (9/96)