

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

FILED
Jul 22 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 # P95000097118 (0)
 1. Corporation Name
P-3, INCORPORATED



Principal Place of Business 4515 OAK FAIR BOULEVARD SUITE 103 TAMPA FL 33610	Mailing Address 4515 OAK FAIR BOULEVARD SUITE 103 TAMPA FL 33610-7345
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3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3361201	Applied For <input type="checkbox"/> 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	

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

9. Name and Address of Current Registered Agent

ALLONGE, JOSEPH
4515 OAK FAIR BOULEVARD
SUITE 103
TAMPA FL 33610

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTSD PRESIDENT	<input type="checkbox"/> DELETE
NAME	ALONGE, JOSEPH P	
STREET ADDRESS	4709 BAY CREST DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEWILL, DENNIS L	
STREET ADDRESS	18080 N. ENCHANTED DR.	
CITY-ST-ZIP	ANDOVER MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, RICHARD	
STREET ADDRESS	225 89TH PL. NE	
CITY-ST-ZIP	FRIDLEY MN	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALONGE JOSEPH P.	
1.3 STREET ADDRESS	4709 BAY CREST DR	
1.4 CITY-ST-ZIP	TAMPA, FL, 33615	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RONALD R. TILLER	
2.3 STREET ADDRESS	186 HAWTHORNE RD.	
2.4 CITY-ST-ZIP	SURGOINSVILLE, TN, 37873	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES F. COLBERTSON	
3.3 STREET ADDRESS	120 COLUMBINE	
3.4 CITY-ST-ZIP	KINGSFORT, TN, 37660	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT DOBIE	
4.3 STREET ADDRESS	1804 BRAMBLEWOOD	
4.4 CITY-ST-ZIP	KINGSFORT, TN, 37660	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WAYNE BASLER	
5.3 STREET ADDRESS	PO BOX 2049	
5.4 CITY-ST-ZIP	KINGSFORT, TN, 37662	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____

CR2E034 (9/96)