

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003519 (5)**

1. Corporation Name
REECE, HOOPES & FINCHER, INCORPORATED



Principal Place of Business: 2217 WEST C. HWY 30A SUITE D SANTA ROSA BEACH FL 32459 US
Mailing Address: 2217 WEST CO. HWY 30A SUITE D SANTA ROSA BEACH FL 32459 US

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1764766
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

2. Principal Place of Business: 21 623 Hwy 98 22 Suite 5 Destin FL 32541 USA
2a. Mailing Address: 26 623 Hwy 98 27 Suite 5 Destin FL 32541 USA

9. Name and Address of Current Registered Agent: MULLINS, KEN M 4409 BROOKFOREST DRIVE PANAMA CITY FL 32404

10. Name and Address of New Registered Agent: 81 Name: William H. Smith Jr
82 Street Address (P.O. Box Number is Not Acceptable): 3 Holly Ave
83
84 City: Shalimar FL 85 Zip Code: 32679

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *William H. Smith Jr.*

DATE: 4.15.96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	REECE, W R JR	
STREET ADDRESS	590 TANACREST CIRCLE, NW	
CITY - ST - ZIP	ATLANTA GA 30328	
TITLE	V	DELETE <input type="checkbox"/>
NAME	HOOPES, GARY A	
STREET ADDRESS	6815 HUNTERS TRACE CIRCLE	
CITY - ST - ZIP	ATLANTA GA 30328	
TITLE	ST	DELETE <input type="checkbox"/>
NAME	FINCHER, HOYT T III	
STREET ADDRESS	1419 LAFAYETTE LANE	
CITY - ST - ZIP	MARIETTA GA 30068	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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: *for H.L. Fincher*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE: 1-29-96
DATE: 904-837-3555

CR2E034 (12/95)