

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G79345 (6)**

1. Corporation Name
F. H. B. ENTERPRISES, INC.



Principal Place of Business: 1700 N. PONCE DE LEON BLVD. 1700 PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32085 US
Mailing Address: % FRED H. BOZARD, III 1700 PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: 01/18/1984
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. [] City & State [] Zip [] Country
2a. Mailing Address: 26 1700 N. PONCE DE LEON Blvd Suite, Apt. #, etc. [] City & State [] Zip [] Country

4. FEI Number: 59-2366538 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

9. Name and Address of Current Registered Agent
**BOZARD, FRED H., III
1700 N. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
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] DATE: []

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOZARD, FRED H., III	
STREET ADDRESS	1019 SAN RAFAEL ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHAD, HAROLD W., III	
STREET ADDRESS	4705 ALGONQUIN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: [Signature] **FRED H. BOZARD III** 4/19/96 904/824-1641

CR2E034 (12/95)