

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:32

DOCUMENT # **H49062** (3)

1. Corporation Name

RADEY HINKLE THOMAS & MCARTHUR, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JOHN RADEY 101 NORTH MONROE STREET, SUITE 1000 TALLAHASSEE FL 32301-1546	% JOHN RADEY 101 NORTH MONROE STREET, SUITE 1000 TALLAHASSEE FL 32301-1546

3. Date Incorporated or Qualified 04/01/1985	3a. Date of Last Report 04/12/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2507026	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RADEY, JOHN 101 NORTH MONROE STREET SUITE 1000, MONROE PARK TOWER TALLAHASSEE FL 32301	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 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 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELL, JOHN K.	1.2 NAME	Ricky L. Polston
STREET ADDRESS	101 N. MONROE ST., #1000	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, ELIZABETH	2.2 NAME	
STREET ADDRESS	101 N. MONROE ST., #1000	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, ROBERT	3.2 NAME	
STREET ADDRESS	101 N. MONROE ST., #1000	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADEY, JOHN	4.2 NAME	
STREET ADDRESS	101 N. MONROE ST., #1000	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, HARRY O.	5.2 NAME	
STREET ADDRESS	101 N. MONROE ST. #1000	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERANEK, JOHN R	6.2 NAME	Jeffrey L. Frehn
STREET ADDRESS	101 N. MONROE ST. #1000	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	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 110.07(3)(b), 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: Ricky L. Polston 1/13/95 904/681-7766
Typed Name Date Daytime Phone