

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H49062 (3)

1. Corporation Name

RADEY HINKLE THOMAS & MCARTHUR, P.A.



Principal Place of Business: % JOHN RADEY, 101 NORTH MONROE STREET, SUITE 1000, TALLAHASSEE FL 32301-1546
Mailing Address: % 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: 04/13/1995
4. FEI Number: 59-2507026
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip, Country (25-29, 30)29. Zip, Country

9. Name and Address of Current Registered Agent: RADEY, JOHN, 101 NORTH MONROE STREET, SUITE 1000, MONROE PARK TOWER, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85):
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD POLSTON, RICKY L. 101 N. MONROE ST., #1000 TALLAHASSEE FL	1.1 TITLE	[] Change [] Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE	VD MCARTHUR, ELIZABETH 101 N. MONROE ST., #1000 TALLAHASSEE FL	2.1 TITLE	[] Change [] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	CD HINKLE, ROBERT 101 N. MONROE ST., #1000 TALLAHASSEE FL	3.1 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	VD RADEY, JOHN 101 N. MONROE ST., #1000 TALLAHASSEE FL	4.1 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	SD THOMAS, HARRY O. 101 N. MONROE ST. #1000 TALLAHASSEE FL	5.1 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	VD FREHN, JEFFREY L. 101 N. MONROE ST. #1000 TALLAHASSEE FL	6.1 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 registered 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 in this report or in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (904) 668-7648 (H)
(904) 681-7766 (W)

CR2E034 (12/95)