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**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L22711 (0)

1. Corporation Name
JAMES M. TALLEY ASSOCIATES, INC.



Principal Place of Business: **THE MCMULLEN HOUSE, 315 E. GEORGIA ST., TALLAHASSEE FL 32301**

Mailing Address: **THE MCMULLEN HOUSE, 315 E. GEORGIA ST., TALLAHASSEE FL 32301-1249**

3. Date Incorporated or Qualified: **10/13/1989**

3a. Date of Last Report: **04/30/1996**

4. FEI Number: **59-2971529**

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 (25-28)

22. Suite, Apt. #, etc. (22)

23. City & State (23)

24. Zip (24)

25. Country (25)

26. Suite, Apt. #, etc. (26)

27. City & State (27)

28. Zip (28)

29. Country (29)

30. Country (30)

9. Name and Address of Current Registered Agent

**TALLEY, JAMES M
THE MCMULLEN HOUSE
315 E. GEORGIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	TALLEY, JAMES M.
STREET ADDRESS	THE MCMULLEN HOUSE 315 E. GEORGIA ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TALLEY JR., JAMES M.
STREET ADDRESS	6320 FITZGERALD ROAD
CITY-ST-ZIP	ODESSA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	TALLEY, CAROLYN C.
STREET ADDRESS	THE MCMULLEN HOUSE 315 E. GEORGIA ST.
CITY-ST-ZIP	TALLA FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	TALLEY, CAROL C.
STREET ADDRESS	1500 BAYVILLA PLACE
CITY-ST-ZIP	TAMPA 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 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: *J. M. Talley* **4/17/97** **904/222-8830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)