


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90153 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L90606
 1. Corporation Name
PRENTICE THOMAS & ASSOCIATES, INC.

Principal Place of Business 124 SHELL AVENUE. SOUTHEAST P. O. BOX 4246 FORT WALTON BEACH FL 32549	Mailing Address 124 SHELL AVENUE. SOUTHEAST P. O. BOX 4246 FORT WALTON BEACH FL 32549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business -	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1990
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3027557
22. City & State	27. City & State	Applied For Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Zip Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
THOMAS, JR, PRENTICE M
35 BAY DRIVE, NE
FORT WALTON BEACH FL 32548

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, PRENTICE M. JR	
STREET ADDRESS	35 BAY DRIVE, NE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, L. JANICE	
STREET ADDRESS	35 BAY DRIVE, NE	
CITY-ST-ZIP	FORT WALTON BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARBARA A. RIVERA	
STREET ADDRESS	63 SILVA DR., N.W.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATHEWS, PAMELA	
STREET ADDRESS	407 WILDWOOD ST	
CITY-ST-ZIP	MARY ESTHER 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date **4/15/99** (850) 243-5992 Daytime Phone #

CR2E034 (11/98)