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**Apr 22 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 # P93000060434 (6)

1. Corporation Name
VESTAL & WILER, C.P.A.'S, P.A.



Principal Place of Business
**201 EAST PINE STREET
STE 801
ORLANDO FL 32801
US**

Mailing Address
**201 EAST PINE STREET
STE 801
ORLANDO FL 32801-2721
US**

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3198021

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY
201 E. PINE STREET
SUITE 701
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
20 North Orange Avenue

83 Suite 1000

84 City
Orlando

85 Zip Code
FL 32801

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	VESTAL, MICHAEL E
STREET ADDRESS	1690 MYRTLE LAKE HILLS ROAD
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	D <input type="checkbox"/> DELETE
NAME	WILER, TERRENCE J
STREET ADDRESS	1410 KELSO BLVD.
CITY - ST - ZIP	WINDERMERE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	RIDER, CHRISTOPHER D.
STREET ADDRESS	2001 CAROLINA AVENUE
CITY - ST - ZIP	GOTHA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	O'TOOLE, TIMOTHY J.
STREET ADDRESS	496 TIMBER RIDGE DR
CITY - ST - ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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)(l), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4/3/97 (407) 843-4433

CR2E034 (9/96)