

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 # **P95000008826 (6)**

1. Corporation Name
BROUGHTON, INC.



Principal Place of Business: **BARNETT TOWER SUITE 750 ONE PROGRESS PLAZA ST. PETERSBURG FL 33701**
Mailing Address: **BARNETT TOWER SUITE 750 ONE PROGRESS PLAZA ST. PETERSBURG FL 33701**

2. Principal Place of Business: **21 100 SECOND STREET N**
Suite, Apt. #, etc.:
City & State:
Zip: Country: **24**

2a. Mailing Address: **26 100 SECOND STREET N**
Suite, Apt. #, etc.:
City & State:
Zip: Country: **29 30**

3. Date Incorporated or Qualified: **02/02/1995** 3a. Date of Last Report:
4. FEI Number: **65-0553751** 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

9. Name and Address of Current Registered Agent
**MOULDS, GAIL F
% HARRIS BARRETT MANN & DEW
SUITE 1500, 150 SECOND AVENUE NORTH
ST. PETERSBURG FL 33701**

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 transferring) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROUGHTON, JAMES E	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750-	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BROUGHTON, KAY T	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROUGHTON, MARK D	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROUGHTON, JAMES E JR	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750-	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELUCIA, BROOKE A	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750-	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROUGHTON, MATTHEW S	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 750	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	100 SECOND STREET N
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	100 SECOND STREET N
2 4 CITY - ST - ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	100 SECOND STREET N
3 4 CITY - ST - ZIP	
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	100 SECOND STREET N
4 4 CITY - ST - ZIP	
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	100 SECOND STREET N
5 4 CITY - ST - ZIP	
6 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	100 SECOND STREET N
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 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 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, as changed, or on an attachment with an address

SIGNATURE: *Mark Broughton* **MARK BROUGHTON** 4-29-96 813 874 6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)