

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 06 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 # P95000081962 (9)

1. Corporation Name
 BRANTLEY AND ASSOCIATES, INC.



Principal Place of Business: 200-C SOUTH MONROE ST TALLAHASSEE FL 32302
 Mailing Address: 200-C SOUTH MONROE ST TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1995
 3a. Date of Last Report: 04/12/1996

2. Principal Place of Business: 21 6659 Proctor Road
 2a. Mailing Address: 26 6659 Proctor Road

4. FEI Number: 59-3340668
 Applied For
 Not Applicable

Suite, Apt. #, etc. (blank)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Tallahassee, FL
 27 Tallahassee, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 32308
 Country: 25 USA
 Zip: 29 32308
 Country: 30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
 BRANTLEY, BOBBY
 200-C S MONROE ST
 TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
 81 Name: Bobby Brantley
 82 Street Address (P.O. Box Number is Not Acceptable): 6659 Proctor Road
 83 (blank)
 84 City: Tallahassee FL
 85 Zip Code: 32308

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: _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BOBBY BRANTLEY
STREET ADDRESS	3411 JONATHANS LANDING
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST PATRICIA M. BRANTLEY
STREET ADDRESS	3411 JONATHANS LANDING
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bobby Brantley
1.3 STREET ADDRESS	6659 Proctor Rd.
1.4 CITY-ST-ZIP	Tallahassee FL 32308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia M Brantley
2.3 STREET ADDRESS	6659 Proctor Rd
2.4 CITY-ST-ZIP	Tallahassee, FL 32308
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: _____ DATE: 8/10/97

CR2E034 (4/97)