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Mar 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 # P96000062060 (4)

1. Corporation Name
BRIAN S. HURLEY & ASSOCIATES, INC.

Principal Place of Business
253 HAYDEN ROAD, #102
TALLAHASSEE FL 32304

Mailing Address
253 HAYDEN ROAD, #102
TALLAHASSEE FL 32304-3651



3. Date Incorporated or Qualified 07/24/1996
3a. Date of Last Report

2. Principal Place of Business
21 1303 Airport Dr.
Suite Apt. #, etc.
22 A-7
City & State
23 Tallahassee, FL
Zip Country
24 32304 25 USA

2a. Mailing Address
26 P.O. Box 20009
Suite, Apt. #, etc.
27
City & State
28 Tallahassee, FL
Zip Country
29 32316 30 USA

4. FEI Number 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
HURLEY, BRIAN
253 HAYDEN ROAD, #102
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name Brian Hurley
82 Street Address (P.O. Box Number is Not Acceptable) 1303 Airport Dr.
83 A-7
84 City Tallahassee FL 85 Zip Code 32304

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 *Brian S. Hurley* 3-4-97
Signature typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	HURLEY, BRIAN S
STREET ADDRESS	253 HAYDEN ROAD, #102
CITY-ST-ZIP	TALLAHASSEE FL 32304
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian S. Hurley
1.3 STREET ADDRESS	1303 Airport Dr. A-7
1.4 CITY-ST-ZIP	Tallahassee, FL 32304
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: *Brian S. Hurley* 3-4-97 (904)580-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)