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Apr 11 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 # P96000101793 (3)
 1. Corporation Name
COTTON PROFESSIONAL SERVICES COMPANY, INC.



Principal Place of Business Mailing Address

305 NE 1ST ST. GAINESVILLE FL 32601 *Correct*

305 NE 1ST ST. GAINESVILLE FL 32601-5310 *Correct*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 125 NW 23rd Ave. Suite 15		26 8620-105 NW 13th St.		12/18/1996	<i>This is first one</i>
22 GAINESVILLE, FL		27 GAINESVILLE, FL		4. FEI Number	Applied For / Not Applicable
23 32609		28 ALACHUA		59-3424422	
24 32609		25 ALACHUA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 32653		30 ALACHUA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANKIN, SAMUEL 305 NE 1ST ST. GAINESVILLE FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, BETTY C	1.2 NAME	
STREET ADDRESS	8620-105 NW 13TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, THOMAS F	2.2 NAME	
STREET ADDRESS	2201 NE 7TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	winkler, Mary McMurtry
STREET ADDRESS		3.3 STREET ADDRESS	1528 Ferndale Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Betty Cotton* *Mrs. M. Murtry* *ALOK* *Betty Cotton* *Mrs. Murtry* *4/1/97* *352-372-0976*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E034 (9/96)