MP **FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02913 (4)

1. Corporation Name

SWEENEY HARBERT & MUMMERT, INC.

Principal Place of Business
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

Mailing Address
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3099005 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HARBERT, DAVID O.
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: James W. Sweeney
82 Street Address (P.O. Box Number is Not Acceptable): 777 South Harbour Island Blvd.
83 Suite 130
84 City: Tampa FL 85 Zip Code: 33602

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 [signature] James W. Sweeney DATE March 26, 1996
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	[ ] DELETE	1.1 TITLE	VPS	[X] Change [ ] Addition
NAME	MUMMERT, DENNIS D		1.2 NAME	Mummert, Dennis D.	
STREET ADDRESS	3141 LAKE ELLEN DR		1.3 STREET ADDRESS	P.O. Box 3340, N.A.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	P	[ ] DELETE	2.1 TITLE	VPT	[X] Change [ ] Addition
NAME	HARBERT, DAVID O		2.2 NAME	Harbert, David O.	
STREET ADDRESS	2413 BAYSHORE BLVD		2.3 STREET ADDRESS	2413 Bayshore Blvd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	VPT	[ ] DELETE	3.1 TITLE	P	[X] Change [ ] Addition
NAME	SWEENEY, JAMES W		3.2 NAME	Sweeney, James W.	
STREET ADDRESS	4916 NEW PROVIDENCE AVE		3.3 STREET ADDRESS	4916 New Providence Ave.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33629-4815	
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: [signature] James W. Sweeney 3/26/96 813-229-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3-29 AD