

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **346524** (2)

1. Corporation Name
ED STARKEY & ASSOCIATES, INC.

Principal Place of Business
**1510 BERNITA ST.
JACKSONVILLE FL 32211**

Mailing Address
**1510 BERNITA ST.
JACKSONVILLE FL 32211-5364**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1969	3a. Date of Last Report 01/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1264712	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

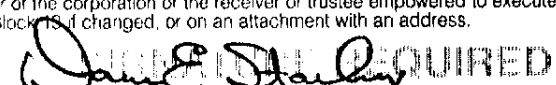
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STARKEY, DANE E. 1510 BERNITA ST JACKSONVILLE FL 32211		b1 Name b2 Street Address (P.O. Box Number is Not Acceptable) b3 b4 City FL b5 Zip Code	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	STARKEY, EDWARD W	12 NAME	
STREET ADDRESS	7916 LINKSIDE DR	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	14 CITY - ST - ZIP	
TITLE	ATD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	STARKEY, DORA C.	22 NAME	
STREET ADDRESS	7916 LINKSIDE DR	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	24 CITY - ST - ZIP	
TITLE	PTD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STARKEY, DANE E	32 NAME	
STREET ADDRESS	4155 WHISPERING OAKS DR	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	34 CITY - ST - ZIP	
TITLE	VSD ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STARKEY, MARK S	42 NAME	
STREET ADDRESS	4165 WHISPERING OAKS DR	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	44 CITY - ST - ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:  **Dane E. Starkey** 2/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)