

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 # 124410 (2)
1. Corporation Name
HAMBY INVESTMENT COMPANY



Principal Place of Business Mailing Address
3714 MCGIRTS BLVD 3714 MCGIRTS BLVD
JACKSONVILLE FL 32210-4335 JACKSONVILLE FL 32210-4335

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1931	3a. Date of Last Report 04/14/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-0280115	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TAYLOR, JAMES S
ATLANTIC NAT. BANK BLDG.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNNERLYN, JANE R	1.2 NAME	
STREET ADDRESS	3714 MCGIRTS BLVD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBB, ROBERT A	2.2 NAME	
STREET ADDRESS	1913 GREENWOOD AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	O	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES S (ASST)	3.2 NAME	
STREET ADDRESS	ATLANTIC NAT. BK. BLDG.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNNERLYN, W.W.	4.2 NAME	
STREET ADDRESS	3714 MCGIRTS BLVD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

904-389 1075

Daytime Phone #

CR2E034 (12/95)