

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:27

DOCUMENT # 170621 (7)

1. Corporation Name
HILL BRANNON AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
**185 LAWRENCE BLVD.
P.O. BOX 609
KEYSTONE HEIGHTS FL 32656** **185 LAWRENCE BLVD.
P.O. BOX 609
KEYSTONE HEIGHTS FL 32656**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/01/1952 **07/21/1994**

4. FEI Number Applied For
59-0678018 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent
**BRANNON, HILL JR
LAWRENCE BLVD
KEYSTONE HGTS FL 32656**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRANNON, HILL
STREET ADDRESS	LAKEVIEW DR
CITY - ST - ZIP	KEYSTONE HEIGHTS FL
TITLE	D
NAME	BRIDGES, ALBERTA
STREET ADDRESS	HWY 100 SE & FLA. 214
CITY - ST - ZIP	LAKE GENEVA FL
TITLE	SD
NAME	WILLIAMS, WILLARD E
STREET ADDRESS	4416 NW 13TH ST
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	BRANNON, CAROLYN
STREET ADDRESS	LAKEVIEW DR
CITY - ST - ZIP	KEYSTONE HEIGHTS FL
TITLE	VD
NAME	BRANNON, ROBERT
STREET ADDRESS	2884 WATCHTOWER APPROACH
CITY - ST - ZIP	MARIETTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 as an attachment with an addition.

SIGNATURE: *Hill Brannon, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HILL BRANNON, JR. PRESIDENT

04/07/95 (90A)413-4135
Date (Signature) Name