

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 191123 (9)

1. Corporation Name
PURSLEY, INC.

Certified Mail # 2 293 75 168



Principal Place of Business: 5803 BRADEN RUN BRADENTON FL 34202
Mailing Address: P O BOX 1448 N/A PALMETTO FL 34220 US

3. Date Incorporated or Qualified: 02/22/1956
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-0774949
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: Yes No

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

9. Name and Address of Current Registered Agent

LECKEY, PHILLIP D
5803 BRADEN RUN
BRADENTON FL 34202

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | CEO <i>Ad</i> <input checked="" type="checkbox"/> DELETE |
| NAME | PURSLEY, CAROL E. John R. Murrell |
| STREET ADDRESS | 5803 BRADEN RUN 5803 Braden Run |
| CITY-ST-ZIP | BRADENTON FL Bradenton, FL |
| TITLE | DVA ST <i>add</i> <input type="checkbox"/> DELETE |
| NAME | PURSLEY, TRICIA K. |
| STREET ADDRESS | 5803 BRADEN RUN |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | CEO <input checked="" type="checkbox"/> DELETE |
| NAME | PURSLEY, SR., W. L. |
| STREET ADDRESS | 5803 BRADEN RUN |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | SANDERS, L. |
| STREET ADDRESS | 5803 BRADEN RUN |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | LECKEY, PHILLIP |
| STREET ADDRESS | 5803 BRADEN RUN |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | <i>Ronnie L. Bofe</i> <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | John R. Murrell |
| 1.3 STREET ADDRESS | 5803 Braden Run |
| 1.4 CITY-ST-ZIP | Bradenton, FL |
| 2.1 TITLE | Director, VP, Secretary, Treasurer <input type="checkbox"/> Change <input checked="" 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 | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Ronnie L. Bofe |
| 6.3 STREET ADDRESS | 5803 Braden Run |
| 6.4 CITY-ST-ZIP | Bradenton, FL |

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, not on an attachment with an address.

SIGNATURE: *Phillip D. Lecky* 4/26/96 941-753-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)