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 # **217589** **(1)**

1. Corporation Name
"EDWARD M. CHADBOURNE, INC."

Principal Place of Business
4375 MCCOY DRIVE
PENSACOLA FL 32503

Mailing Address
4375 MCCOY DRIVE
PENSACOLA FL 32503

3. Date Incorporated or Qualified: 11/29/1958
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-0855996 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

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

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
CHADBOURNE, EDWARD M. JR.
4375 MCCOY DR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 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 X — E.M. Chadbourne Jr. — 4-1-96
Signature, typed or printed name of registered agent (and title, if applicable) — (NOTE: Registered Agent's signature required when terminating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CHADBOURNE, EDWARD M. JR	1.2 NAME	
STREET ADDRESS	3261 SEVILLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	PD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	CHADBOURNE, EDWARD M,III	2.2 NAME	
STREET ADDRESS	2800 INVERNESS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	ST [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	NEWTON, ERIC	3.2 NAME	
STREET ADDRESS	5485 GROVES COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	AVP [ ] DELETE	4.1 TITLE V	[X] Change [ ] Addition
NAME	DEMARIA, F. BRIAN	4.2 NAME	
STREET ADDRESS	4520 BOHEMIA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	V [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	RIALS, RICHARD H.	5.2 NAME	
STREET ADDRESS	RT 11, BOX 313A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	DEMARIA, CAROLINE C.	6.2 NAME	
STREET ADDRESS	4520 BOHEMIA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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)(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: X — E.M. Chadbourne Jr. — 4-1-96 — (904)433-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)