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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 413331 (0)
1. Corporation Name
HINSON AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
207 N. JEFFERSON ST. PO BOX 906 MARIANNA FL 32447 US
207 N. JEFFERSON ST. PO BOX 906 MARIANNA FL 32447-0906 US

3. Date Incorporated or Qualified 11/22/1972
3a. Date of Last Report 07/24/1996

2. Principal Place of Business 2a. Mailing Address
21 2762 Indian Springs Rd. Suite, Apt. #, etc. 26 P.O. Box 906
22 P.O. Box 906 27
23 MARIANNA, FLA. City & State 28 MARIANNA, FLA.
24 32447 25 JACKSON Country 29 32447 30 JACKSON Zip

4. FEI Number 59-1513196 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
CRAVEN, BARBARA G.
207 N. JEFFERSON ST.
MARIANNA FL 32446

10. Name and Address of New Registered Agent
81 Name CRAVEN BARBARA G.
82 Street Address (P.O. Box Number is Not Acceptable) 2762 Indian Springs Rd.
83
84 City MARIANNA FL 85 Zip Code 32446

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: Barbara S. Craven, Pres. BARBARA G. CRAVEN, Pres. 4-9-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAVEN, BARBARA G.	
STREET ADDRESS	2762 INDIAN SPRINGS RD	
CITY-ST-ZIP	MARIANNA, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRAVEN, BARBARA C	
STREET ADDRESS	2762 INDIAN SPRINGS RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: Barbara S. Craven, Pres. BARBARA G. CRAVEN, Pres. 4-9-97 904 526-2535
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)