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 # **475660** **(7)**

1. Corporation Name

FAULK INVESTMENTS, INC.

Principal Place of Business
5017 W. LAUREL ST.
TAMPA FL 33607

Mailing Address
5017 W. LAUREL ST.
TAMPA FL 33607

3. Date Incorporated or Qualified: **05/13/1975**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-1586110** [ ] Applied For [ ] Not Applicable
5. Certified Copy: [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. Is corporation electing to be liability for intangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

FAULK,HARRY
4047 PRIORY CIR.
TAMPA FL

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 Section [illegible] 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. The name and address of the registered agent and the street address of the registered office of this corporation are identical to those in effect immediately prior to this filing. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	FAULK, ELIZABETH J	
STREET ADDRESS	4047 PRIORY CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	PC	[ ] DELETE
NAME	FAULK, HARRY	
STREET ADDRESS	4047 PRIORY CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PC	[X] Change [ ] Addition
NAME	FAULK, ELIZABETH J.	
STREET ADDRESS	4514 GRAY ST	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	S	[X] Change [ ] Addition
NAME	FAULK, HARRY	
STREET ADDRESS	4514 GRAY ST.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the officers listed above are officers or directors of the corporation and that I am familiar with and have authority to file the corporation's annual report pursuant to Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate. I understand 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 of this report or in any attached supplemental pages.

SIGNATURE: Harry R. Faulk 3/24/96 (813) 289-2075

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)