

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 # 492634 (1)

1. Corporation Name

GATTIS, HALLOWES & CARPENTER, PROFESSIONAL ASSOCIATION



Principal Place of Business

130 HILLCREST STREET
ORLANDO FL 32802

Mailing Address

P. O. BOX 3109
ORLANDO FL 32802

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
12/16/1975

3a. Date of Last Report
05/25/1995

4. FEI Number
59-1633369

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

10. Name and Address of Current Registered Agent

GATTIS, DONALD L
130 HILLCREST STREET
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 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

Signature, typed or printed name of registered agent and the corporation

(401) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	GATTIS, D.L., JR.	24129 WOLF BRANCH RD.	SORRENTO FL	<input type="checkbox"/>
VPD	CARPENTER, D. F.	825 SEVILLE PLACE	ORLANDO FL 32804	<input type="checkbox"/>
STD	HALLOWES, W. B., JR.	105 MAGNOLIA LAKE DR	LONGWOOD FL	<input type="checkbox"/>
D	CARPENTER, D. F.	825 SEVILLE PLACE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

407/843-8470

CR2E034 (12/95)