

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 # 524626 (9)

1. Corporation Name

WILLIAM HOOD & ASSOCIATES, INC.



Principal Place of Business

8411 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address

8411 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
01/25/1977

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21 8411 Baymeadows Way

Suite, Apt. #, etc.
22 Suite 3

23 Jacksonville, FL

Zip Country
24 32256 25 USA

2a. Mailing Address

26 8411 Baymeadows Way

Suite, Apt. #, etc.
27 Suite 3

28 Jacksonville, FL

Zip Country
29 32256 30 USA

4. FEI Number
59-1709010

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

HOOD, WILLIAM M, JR
8411 BAYMEADOWS WAY #3
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name N/A
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

William M. Jr. Hood President

9 Apr. 96

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ST
NAME FERRELL, DEBORAH HOOD
STREET ADDRESS 8411 BAYMEADOWS WAY #3
CITY-ST-ZIP JACKSONVILLE, FL 00900

TITLE PD
NAME HOOD, WILLIAM JR
STREET ADDRESS 8411 BAYMEADOWS WAY #3
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ST
12 NAME HOOD, WILLIAM M. III
13 STREET ADDRESS 8411 Baymeadows Way-3
14 CITY-ST-ZIP Jacksonville, FL 32256

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 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:

William M. Jr. Hood President

9 Apr. 96 (904) 733-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)