

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **529721**

(3)

1. Corporation Name

ALBRITTON & ASSOCIATES, INC.



Principal Place of Business 4380 CENTRAL AVE ST. PETERSBURG FL 33711 US	Mailing Address 4380 CENTRAL AVE ST. PETERSBURG FL 33711-1141 US
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3. Date Incorporated or Qualified 03/18/1977	3a. Date of Last Report 05/29/1996
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2. Principal Place of Business 21 same Suite, Apt. #, etc. 22 City & State 23 Zip 24	2b. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-1734121	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALBRITTON, W L 1240 29TH ST N ST PETERSBURG FL 33713	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, W L	1.2 NAME	
STREET ADDRESS	1240 29TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURGH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, BETTY L.	2.2 NAME	Albritton, Betty L.
STREET ADDRESS	1240 29TH ST. NO.	2.3 STREET ADDRESS	1240 29th St. No.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary/Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Britch, Ester M.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2852 66th Way No.
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	St. Petersburg, FL 33710
STREET ADDRESS		4.3 STREET ADDRESS	Vice President
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Britch, Donald F.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	2852 66th Way No.
STREET ADDRESS		5.3 STREET ADDRESS	St. Petersburg, FL 33710
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Director
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Blakley Jr., Charles L.
STREET ADDRESS		6.3 STREET ADDRESS	2852 66th Way No.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33710

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: *Betty L. Albritton* President *813-323-7875*

CR2E034 (9/96)