

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **602141 (4)**

1. Corporation Name

FEE, BRYAN & KOBLEGARD, P.A.
FEE, BRYAN & KOBLEGARD, P.A.



Principal Place of Business

Mailing Address

**401-A SOUTH INDIAN RIVER DRIVE
P. O. BOX 1000
FT PIERCE FL 34954**

**401-A SOUTH INDIAN RIVER DRIVE
P. O. BOX 1000
FT PIERCE FL 34954**

3. Date Incorporated or Qualified
06/09/1970

3a. Date of Last Report
02/10/1995

2. Principal Place of Business
21 **401-A South Indian River Dr**

2a. Mailing Address
26 **401-A South Indian River Dr**

4. FEI Number
59-1294882

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Ft Pierce FL 34950

28 City & State
Ft Pierce FL 34950

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country
34950 St. Lucie

29 Zip Country
34950 St. Lucie

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEE, FRANK H. III
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

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 607.1506, 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 of Registered Agent (Sign in red ink if changing the Registered Agent)

Signature of Registered Agent (Sign in red ink if changing the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, BEN L., JR.	
STREET ADDRESS	2521 S. INDIAN RIVER DR.	
CITY, ST, ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOBLEGARD, RN III	
STREET ADDRESS	2319 S INDIAN RIVER DR	
CITY, ST, ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEE, FRANK H	
STREET ADDRESS	2821 S INDIAN RIVER DR	
CITY, ST, ZIP	FT PIERCE, FL 00000	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VSD
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
DATE

DATE OF PRINTING

CR2E034 (12/95)