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 # 602200 (8)

1. Corporation Name
GURNEY & HANDLEY, P.A.

Principal Place of Business	Mailing Address
225 E. ROBINSON SUITE 450 ORLANDO FL 32801 US	225 E. ROBINSON P.O. BOX 1273 SUITE 450 ORLANDO FL 32802 US

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 ______

3. Date Incorporated or Qualified: **06/25/1970**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-1295954** ☐ 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**

GREEN,ROBERT S.
225 E.ROBINSON
ORLANDO FL 32801

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer/Director	
TITLE	VPD	☐ DELETE
NAME	SEWELL, JOHN L	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	☐ DELETE
NAME	GREEN, ROBERT S	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	☐ DELETE
NAME	SMITH, PETER N	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	☐ DELETE
NAME	HANDLEY, LEON H	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VPD	☐ DELETE
NAME	LASSITER, RICHARD W	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☐ DELETE
NAME	HARDY, W.MARVIN	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Robert S Green 1/26/96 (407) 843-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)