

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **602200** (8)  
1. Corporation Name  
**GURNEY & HANDLEY, P.A.**

Principal Place of Business <b>225 E. ROBINSON SUITE 450 ORLANDO FL 32801 US</b>	Mailing Address <b>225 E. ROBINSON P.O. BOX 1273 SUITE 450 ORLANDO FL 32802 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>06/25/1970</b>
24		29		4. FEI Number <b>59-1295954</b>
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GREEN, ROBERT S. 225 E. ROBINSON ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNEGAN, RICHARD E			12 NAME			
STREET ADDRESS	225 E. ROBINSON			13 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			14 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, ROBERT S			22 NAME			
STREET ADDRESS	225 E. ROBINSON			23 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			24 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, FRANCIS E			32 NAME			
STREET ADDRESS	225 E. ROBINSON			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			34 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROQUEMORE, DAVID W			42 NAME			
STREET ADDRESS	225 E. ROBINSON			43 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			44 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASSITER, RICHARD W			52 NAME			
STREET ADDRESS	225 E. ROBINSON			53 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, W. MARVIN			62 NAME			
STREET ADDRESS	225 E. ROBINSON			63 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			64 CITY-ST-ZIP			

14. I 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: *[Signature]* 1/30/98 (407) 843-9529

CR2E034 (10/97)