

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

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 606752 (4)

1. Corporation Name  
HALIDAY, BAIR & HUX, P.A.

95 JAN 24 PM 2:12

Principal Place of Business: 400 WEBSTER STREET, LEESBURG FL 34748-5017  
Mailing Address: 400 WEBSTER STREET, LEESBURG FL 34748-5017

DO NOT WRITE IN THIS SPACE.

|  |  |                        |  |   |   |
|--|--|------------------------|--|---|---|
| 2. Principal Place of Business                                   |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                 |
| 21   |  | 26                     |  | 02/01/1979  | 01/21/1994  |
| 22 Suite, Apt. #, etc.   |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   | Applied For   |
| 23 City & State  |  | 28 City & State        |  | 59-1874580  | Not Applicable  |
| 24 Zip   |  | 29 Country             |  | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25   |  | 30                     |  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent                  |  |                        |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |   |
| HALIDAY, ALFRED C, JR<br>400 WEBSTER STREET<br>LEESBURG FL 34748 |  |                        |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |   |

|  |  |  |  |  |  |          |  |
|--|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent |  |          |  |
| HALIDAY, ALFRED C, JR<br>400 WEBSTER STREET<br>LEESBURG FL 34748 |  |  |  | 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 agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HALIDAY JR, ALFRED C   | 1.2 NAME  |  |
| STREET ADDRESS             | 905 NORTH SHORE DRIVE  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | LEESBURG, FL 00000     | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAIR, VICKI S.         | 2.2 NAME  |  |
| STREET ADDRESS             | 1204 PINE RIDGE ROAD   | 2.3 STREET ADDRESS                                    | 4223 Bair Avenue   |
| CITY - ST - ZIP            | FRUITLAND PARK FL      | 2.4 CITY - ST - ZIP                                   | Fruitland Park, FL 34731-5618  |
| TITLE                      |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HUX, MARSHALL H.       | 3.2 NAME  |  |
| STREET ADDRESS             | 1009 NORTH SHORE DRIVE | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | LEESBURG FL            | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 4.2 NAME  |  |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                        | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 5.2 NAME  |  |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                        | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 6.2 NAME  |  |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                        | 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: ALC. Haliday Jr 1/13/95 (904) 787-3445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #