

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **606752**

(4)

1. Corporation Name

HALIDAY, BAIR & HUX, P.A.



Principal Place of Business

**400 WEBSTER STREET
LEESBURG FL 34748-5017**

Mailing Address

**400 WEBSTER STREET
LEESBURG FL 34748-5017**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HALIDAY, ALFRED C, JR
400 WEBSTER STREET
LEESBURG FL 34748**

3. Date Incorporated or Qualified

02/01/1979

3a. Date of Last Report

01/24/1995

4. FEI Number

59-1874580

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

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 607.0107 and 607.1502, 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

Name of Registered Agent

Title of Agent

Name of New Registered Agent

Title

12. OFFICERS AND DIRECTORS

11 TITLE DELETE

NAME: **PD HALIDAY JR, ALFRED C**
STREET ADDRESS: **905 NORTH SHORE DRIVE**
CITY, STATE, ZIP: **LEESBURG, FL 00000**

12 TITLE DELETE

NAME: **T BAIR, VICKI S.**
STREET ADDRESS: **4223 BAIR AVENUE**
CITY, STATE, ZIP: **FRUITLAND PARK FL**

13 TITLE DELETE

NAME: **V HUX, MARSHALL H.**
STREET ADDRESS: **1009 NORTH SHORE DRIVE**
CITY, STATE, ZIP: **LEESBURG FL**

14 TITLE DELETE

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

15 TITLE DELETE

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, STATE, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, STATE, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, STATE, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, STATE, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, STATE, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, STATE, ZIP

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(9)(k), Florida Statutes. I further certify that the information included on this form, except for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 or changes in or on an attachment with an address.

SIGNATURE: *Alfred C. Haliday Jr. Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

CR2E034 (12/95)