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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **637863** **(2)**

1. Corporation Name

BETTS, ROGERS, SCHENCK & ROADY, C.P.A.'S, A PROF ESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
104 NORTH MAGNOLIA DR. TALLAHASSEE FL 32301-2636	104 NORTH MAGNOLIA DR. TALLAHASSEE FL 32301-2636

3. Date Incorporated or Qualified: **09/28/1979**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1937836** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street, Apt. #, etc.	27 Street, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BETTS, BEN F, JR
104 NORTH MAGNOLIA DR.
TALLAHASSEE FL 32301

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 Section(s) 607.1505, 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. The 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BETTS, BENJAMIN F., JR.		2 NAME	
STREET ADDRESS	104 NORTH MAGNOLIA DR.		3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ROGERS, EDGAR A., JR.		22 NAME	
STREET ADDRESS	104 NORTH MAGNOLIA DR.		23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SCHENCK, JOSEPH T.		32 NAME	
STREET ADDRESS	104 NORTH MAGNOLIA DR.		33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ROADY, CHRISTOPHER E		42 NAME	
STREET ADDRESS	104 NORTH MAGNOLIA DR		43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete, and accurate, for the corporation 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 added to the report with an address.

SIGNATURE: Joseph T. Schenck, V.P. 4/1/96 (904)224-4178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)