

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 # 639720 (2)

1. Corporation Name

TRAYLOR & GRATTON CERTIFIED PUBLIC ACCOUNTANTS,  
A PROFESSIONAL ASSOCIATION



Principal Place of Business

1260 S.FEDERAL HWY.,STE.101  
BOYNTON BCH FL 33435

Mailing Address

1260 S.FEDERAL HWY.,STE.101  
BOYNTON BCH FL 33435

3. Date Incorporated or Qualified  
10/16/1979

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1943849

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

10. Name and Address of New Registered Agent

TRAYLOR, BARBARA S  
1260 S.FEDERAL HWY.,STE.101  
BOYNTON BCH FL 33435

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

*Barbara S. Traylor, Pres*  
Signature typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/96  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE < PD  
NAME TRAYLOR, BARBARA S.  
STREET ADDRESS 15 N. HARBOUR DR.  
CITY-ST-ZIP OCEAN RIDGE FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE SD  
NAME GRATTON, LUCY C.  
STREET ADDRESS 7461 ROCKBRIDGE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 737-7900  
Date Daytime Phone #

CR2E034 (12/95)