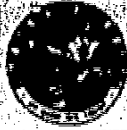


**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 MAY -1 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 649704 (4)**

1. Corporation Name  
**JAMES C. LANGLEY, INCORPORATED**

Principal Place of Business

284 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32254  
US

Mailing Address

3325 HENDRICKS AVE  
SUITE A  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **12/31/1979** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-2146330** 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. 198.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt # etc

2a. Mailing Address

26 Suite, Apt # etc

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

**LANGLEY JOHN A  
3325 HENDRICKS AVE SUITE A  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0603 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 607.3095, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent or Registered Agent's Representative)

(Print Name of Secretary or Treasurer or Director)

DATE

12. OFFICERS AND DIRECTORS

OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP
PST	LANGLEY, JAMES C.	284 EDGEWOOD AVE.	JACKSONVILLE FL
OFFICE			
OFFICE			
OFFICE			
OFFICE			
OFFICE			
OFFICE			
OFFICE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>
OFFICE				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is true and correct, 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 its registered agent, or both, as provided to create this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*James C. Langley*  
PRINT NAME OF DIRECTOR OR OFFICER OR DIRECTOR

30 Apr 95 9043965033  
Expires 1/30/96