

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

COMPROBATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Governor's Office
 Secretary of State
 1000 E. GAIL BORDOWITZ BLVD.

APPROVED
 AND
 FILED

DOCUMENT # **667122**

(6)

MAY 11 AM 12:35

AUTH & ASSOCIATES, INC.

STATE OF FLORIDA
 TALLAHASSEE

Principal Office Address: **AUTH & ASSOCIATES, INC. 3149 N. PONCE DE LEON BLVD., SUITE 3101 ST. AUGUSTINE FL 32095 US**
 Mailing Address: **AUTH & ASSOCIATES, INC. 3149 N. PONCE DE LEON BLVD., SUITE 3101 ST. AUGUSTINE FL 32095 US**

DATE OF PREVIOUS REPORT

3. Date of Incorporation (or Organization): **04/17/1980**
 3a. Date of Last Report: **05/12/1994**

2. Filing Office (Check one) 21 State of Florida	2a. Mailing Address 26	4. FEI Number 59-1990117	Applied For <input type="checkbox"/> Not Applicable
22. State Agent Name	27. State Agent Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Filing Fee	25. Filing Fee	29. Filing Fee	30. Filing Fee
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**WEBB, HERBERT M., ESQ.
 35 NORTH MAIN ST.
 SUITE 38
 GAINESVILLE FL 32601**

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	85. Zip Code
83. City & State	
84. CO.	

11. Pursuant to the provisions of Sections 203 and 204 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this report. The change of registered office was authorized by the corporation's board of directors, a majority thereof, at the appointment as registered agent. This change is not subject to the provisions of Sections 203 and 204 of the Florida Statutes.

SECRETARY: **BRICE DENNIS AUTH** (Signature) **BRICE DENNIS AUTH** (Printed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: PD AUTH, JEANNINE	POSITION: SECRETARY	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
ADDRESS: 165 TURTLE BAY LANE S. PONTE VEDRA BEACH FL	ADDRESS: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: SD AUTH, BRICE DENNIS	POSITION: SECRETARY	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
ADDRESS: 165 TURTLE BAY LANE S. PONTE VEDRA BEACH FL	ADDRESS: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>
NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>	NAME: <input type="checkbox"/>	POSITION: <input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons stated in law for the same in the Florida Statutes. I further certify that the information is not subject to the provisions of the Florida Statutes regarding the filing of false information. I am a duly qualified officer of the corporation and I am authorized to sign this report as required by Chapter 203 of the Florida Statutes, and that my name appears in the corporation's articles of incorporation or amendments thereto.

SIGNATURE: *Brice Dennis Auth*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRICE DENNIS AUTH, SECRETARY/TREASURER

4-27-95 904/824-2717