

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 # **F20723** (5)

1. Corporation Name
ELBERT HALE WAMPLER, JR., INC.



Principal Place of Business: **1478 AVE L NW WINTER HAVEN FL 33881**
Mailing Address: **1478 AVE L NW WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **02/23/1981**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business: **21 805 Lake Howard Dr, NW**
2a. Mailing Address: **25 805 Lake Howard Dr, NW**

4. FEI Number: **59-2115681**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Winter Haven, FL**
28. City & State: **Winter Haven, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33881** 25. Country: **29 33881** 30. Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WAMPLER, ELBERT HALE JR
1478 AVE L NW
WINTER HAVEN, FL**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **805 Lake Howard Dr., NW**
83.
84. City: **Winter Haven** FL 85. Zip Code: **33881**

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: _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAMPLER, CARTER W	
STREET ADDRESS	1478 AVE. L. N.W.	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAMPLER, ELBERT HALE JR	
STREET ADDRESS	1478 AVE. L. N.W.	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	805 Lake Howard Dr., NW	
1.4 CITY - ST - ZIP	Winter Haven, FL 33881	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	805 Lake Howard Dr., NW	
2.4 CITY - ST - ZIP	Winter Haven, FL 33881	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: Carter Wampler Carter Wampler 2/28/96 941-293-6245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disting. Phone #

CR2E034 (12/95)