

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

REGISTRATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
1901 East Madison
Tallahassee, Florida 32399-0001
Telephone: (904) 493-0001

DOCUMENT # **F57254**

(7)

STANLEY B. POWELL, P.A.

AP
FL
50 MAY -1
SECRETARY OF
TALLAHASSEE, FL

1. Principal Place of Business 107 N. PARTIN DRIVE P. O. BOX 400 NICEVILLE FL 32578-7400		Main Office Address 107 N. PARTIN DRIVE P. O. BOX 400 NICEVILLE FL 32578-7400		3. Date Newly Incorporated or Created 12/04/1981		3a. Date of Last Report 05/01/1994	
2. Federal Tax ID Number 21	2b. Mailing Address 26	4. FEI Number 59-2149285		Applied For <input type="checkbox"/> Not Applicable			
22. State of Incorporation 22	27. State of Principal Office 27	5. Certificate of Status Required <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. City of Principal Office 23	28. City of State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. <input type="checkbox"/>	25. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>	7. This corporation has taken the affirmative action under § 129.025, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent POWELL, STANLEY B. 107 N. PARTIN DRIVE NICEVILLE FL 32578				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Applicable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Section 609.01, 609.02 and 609.03, Florida Statutes, this always valid corporation submits this statement for the purpose of changing its registered office of principal office in 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 a resident of Florida and accept the obligations of Section 609.03, Florida Statutes.

SIGNATURE: _____

12. DIRECTORS AND OFFICERS		13. ADVISORS, CHANGE OF REGISTERED OFFICES AND DIRECTORS (If 1)	
DP	POWELL, STANLEY B. 107 N. PARTIN DRIVE NICEVILLE FL		
DV	JONES, MICHAEL A. 107 N. PARTIN DRIVE NICEVILLE FL		
DS	REID, CHARLES W. 107 N. PARTIN DRIVE NICEVILLE FL		
T	REID, CHARLES W. 107 N PARTIN DR NICEVILLE FL		

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information is true and correct, and that my signature shall have the same effect as that of the corporation. I am a resident of Florida and accept the obligations of Section 609.03, Florida Statutes, and that my name appears on the Florida Statutes, Chapter 609, Part 03, Section 609.03.

SIGNATURE: *Charles W. Reid* Charles W. REID Secretary 5/1/95