

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F62665 (7)

1. Corporation Name
EDDY & GREGG, P.A.



Principal Place of Business Mailing Address
**1 HBR PL 777 S HBR ISL BLV 220
PO BOX 2893
TAMPA FL 33601-2893**

3. Date Incorporated or Qualified **01/12/1982** 3a. Date of Last Report **04/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2152005	Applied For	
22	Suite, Apt. #, etc. 808 W. DELEON ST	26	Suite, Apt. #, etc. 808 W. DELEON ST	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State Tampa, FL	27	City & State Tampa, FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip 33606	28	Zip 33606	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25	Country USA	29	Country USA				

9. Name and Address of Current Registered Agent

**EDDY, ROBERT K., ESQ.
1 HARBOUR PLACE, SUITE 220
777 S HARBOUR ISLAND BLVD
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	808 W. DELEON ST
83	City	Tampa, FL
84	State	FL
85	Zip Code	33606

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, ROBERT K	1.2 NAME	
STREET ADDRESS	777 S HARBOUR ISL BV 220	1.3 STREET ADDRESS	808 W DELEON ST
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, ROBERT K	2.2 NAME	
STREET ADDRESS	777S HARBOUR ISL BV 220	2.3 STREET ADDRESS	808 W. DELEON ST
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

ROBERT K. EDDY, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 **(813)251-8800**
Date Daytime Phone #

CR2E034 (12/95)