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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F68553** **(9)**

1. Corporation Name

ACCPRO ASSOCIATES, INCORPORATED

Principal Place of Business
8209 GRAND BAY BLVD.
PANAMA CITY FL 32408
US

Mailing Address
8209 GRAND BAY BLVD.
PANAMA CITY FL 32408
US

2. Principal Place of Business
21 100 CHERRY ST.
Suite, Apt. #, etc.
22 # 602
City & State
23 PANAMA CITY, FLA.
Zip
24 32401
25 Country

2a. Mailing Address
26 100 CHERRY ST.
Suite, Apt. #, etc.
27 # 602
City & State
28 PANAMA CITY FLA.
Zip
29 32401
30 Country

3. Date Incorporated or Qualified: 02/24/1982
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-2185241 [ ] 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. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PETERS, JOHN E.
3209 GRAND BAY BLVD.
PANAMA CITY FL 32408

10. Name and Address of New Registered Agent

81 Name: PETERS, JOHN E.
82 Street Address (P.O. Box Number is Not Acceptable): 100 CHERRY ST. #602
83
84 City: PANAMA CITY FL
85 Zip Code: 32401

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's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PETERS, JOHN E	
STREET ADDRESS	8209 GRAND BAY BLVD.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	TD	[ ] DELETE
NAME	PETERS, JANET M	
STREET ADDRESS	8209 GRAND BAY BLVD.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[X] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS	100 CHERRY ST. #602	
1 4 CITY-ST-ZIP	PANAMA CITY, FLA. 32401	
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] 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: JOHN E. PETERS [signature], Pres. 4/8/96 904 769 9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)