

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G71634 (1)

1. Corporation Name
KIRKEY & ASSOCIATES, INC.



Principal Place of Business 2251 LUCIEN WAY, SUITE 220 MAITLAND FL 32751	Mailing Address 2251 LUCIEN WAY, SUITE 220 MAITLAND FL 32751-7027
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/28/1983	3a. Date of Last Report 03/05/1996
21 1920 BOOTHE CIRCLE	26 1920 BOOTHE CIRCLE	4. FEI Number 59-2342675	Applied For <input type="checkbox"/> Not Applicable
22 SUITE 200	27 SUITE 200	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 LONGWOOD, FL	28 LONGWOOD, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32750	25 USA	29 32750	30 USA
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIRKEY, PATRICK E. 2251 LUCIEN WAY, SUITE 220 MAITLAND FL 32751				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	1920 BOOTHE CIRCLE		
				83	SUITE 200		
				84 City	FL	85 Zip Code	32750

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP KIRKEY, PATRICK E.	1.2 NAME	
STREET ADDRESS	2251 LUCIEN WAY, STE 220	1.3 STREET ADDRESS	1920 BOOTHE CIRCLE, SUITE 200
CITY - ST - ZIP	MAITLAND FL	1.4 CITY - ST - ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KIRKEY, JOYCE D.	2.2 NAME	
STREET ADDRESS	2251 LUCIEN WAY, STE 220	2.3 STREET ADDRESS	1920 BOOTHE CIRCLE, SUITE 200
CITY - ST - ZIP	MAITLAND FL	2.4 CITY - ST - ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REQUIRED **Joyce D. Kirkey**
 _____ Date **4-16-97** Daytime Phone # **407-331-5151**

CR2E034 (9/96)