

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

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H49509 (3)
 1. Corporation Name
FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.



Principal Place of Business % EARL DRAYTON FARR, JR. 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	Mailing Address % EARL DRAYTON FARR, JR. 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950-4430
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3. Date Incorporated or Qualified 03/28/1985	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 c/o Guy S. Emerich, Esq. Suite, Apt. #, etc. 22 115 W. Olympia Avenue City & State 23 Punta Gorda, FL Zip 24 33950	2a. Mailing Address 26 c/o Guy S. Emerich, Esq. Suite, Apt. #, etc. 27 Post Office Drawer 1447 City & State 28 Punta Gorda, FL Zip 29 33951-1447	Country 25 USA	Country 30 USA
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4. FEI Number 59-2499343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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
FARR, EARL DRAYTON, JR.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name EMERICH, Guy S.
82 Street Address (P.O. Box Number is Not Acceptable) 115 W. Olympia Avenue
83
84 City Punta Gorda
85 State FL
86 Zip Code 33950

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]* **Guy S. Emerich** DATE: **1-13-97**

12. OFFICERS AND DIRECTORS

TITLE DP	NAME FARR, EARL DRAYTON, JR.	STREET ADDRESS SHORE LANE	CITY-ST-ZIP BOCA GRANDE FL	<input checked="" type="checkbox"/> DELETE
TITLE DV	NAME HAYMANS, MICHAEL	STREET ADDRESS BERMONT ROAD	CITY-ST-ZIP PUNTA GORDA FL	<input type="checkbox"/> DELETE
TITLE DV	NAME EMERICH, GUY S.	STREET ADDRESS 113 COACHMAN AVE NW	CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> DELETE
TITLE DV	NAME SIFRIT, ROBERT C.	STREET ADDRESS 903 MC GRATH CIRCLE	CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> DELETE
TITLE DVS	NAME HACKETT, JACK O., II	STREET ADDRESS 1457 FIRESIDE STREET	CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> DELETE
TITLE DV	NAME BOYLE, CHARLES T	STREET ADDRESS 18388 MEYER AVE.	CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9140 Burnt Store Road
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **Guy S. Emerich, President** 941-639-1158
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1-13-97** Daytime Phone #

CF2E034 (9/96)

12. OFFICERS AND DIRECTORS, CONTINUED

TITLE: DV
NAME: Darol H. M. Carr
STREET ADDRESS: 6330 Riverside Drive
CITY-ST-ZIP: Punta Gorda, Florida 33950

TITLE: DV
NAME: Cynthia Murphy
STREET ADDRESS: 1180 Ricardo Lane
CITY-ST-ZIP: Punta Gorda, Florida 33983

TITLE: DV
NAME: Connie Schider
STREET ADDRESS: 158 Colony Point Drive
CITY-ST-ZIP: Punta Gorda, Florida 33950