

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H55011 (1)**

1. Corporation Name:
CUNNINGHAM, INGRAM, AND ANDERSON, INC.



Principal Place of Business: **P. O. BOX 360877 MELBOURNE FL**
Mailing Address: **P. O. BOX 360877 MELBOURNE FL**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt #, etc.					State, Apt #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
05/02/1985	03/28/1995
4. FEI Number	Applied For
59-2531921	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INGRAM, BRUCE
4300-B FORTUNE PLACE
W. MELBOURNE, 32904**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	INGRAM, BRUCE	
STREET ADDRESS	4356-B FORTUNE PLACE	
CITY-STATE-ZIP	WEST MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-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 119.073(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

Bruce Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

409-723-3400

CR2E034 (12/95)