SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0091998

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 30 PM 2:33

DOCUMENT # **H73238**

1. Corporation Name
FISHER AND ASSOCIATES, INC.

Principal Place of Business
2139 N.E. COACHMAN RD. #2
P.O.BOX 6353 (CLEARWATER,FL.33618)
CLEARWATER FL 33765
US

Mailing Address
2139 N.E. COACHMAN RD. #2
P.O.BOX 6353 (CLEARWATER,FL.33618)
CLEARWATER FL 33765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1985

2. Principal Place of Business
21 2315 Belleair Road
Suite, Apt. #, etc
22
City & State
23 Clearwater, FL
Zip 24 33764 Country 25

2a. Mailing Address
26 2315 Belleair Road
Suite, Apt. #, etc
27
City & State
28 Clearwater, FL
Zip 29 33764 Country 30

4. FEI Number 59-2594432 [ ] 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 owes the current year Intangible Personal Property [X] Yes [ ] No

9. Name and Address of Current Registered Agent
FISHER, WILLIAM JOE, JR.
2139 N.E. COACHMAN RD. #2
CLEARWATER FL 34625

10. Name and Address of New Registered Agent
81 Name Fisher, William Joe, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 2315 Belleair Road
83
84 City Clearwater FL 85 Zip Code 33764

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

TITLE	PT	[ ] DELETE
NAME	FISHER JR, WILLIAM JOE	
STREET ADDRESS	2139 N.E. COACHMAN RD #2	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	[ ] DELETE
NAME	FISHER, BETH ANN	
STREET ADDRESS	2139 N.E. COACHMAN RD #2	
CITY-ST-ZIP	CLEARWATER FL	
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	PT	[X] Change [ ] Addition
1.2 NAME	Fisher, Jr, William Joe.	
1.3 STREET ADDRESS	2315 Belleair Road	
1.4 CITY-ST-ZIP	Clearwater, FL. 33764	
2.1 TITLE	S	[X] Change [ ] Addition
2.2 NAME	Fisher, Beth Ann	
2.3 STREET ADDRESS	2315 Belleair Road	
2.4 CITY-ST-ZIP	Clearwater, FL. 33764	
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	800003008598	
4.3 STREET ADDRESS	-10/05/99--01084--006	
4.4 CITY-ST-ZIP	****550.00 ****550.00	
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		

pd 9/30

14. I 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] PRESIDENT 9/26/99 727-443-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)