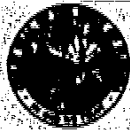


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

55 FEB 28 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H87015 (4)**

1. Corporation Name  
**MYRICK, SILBER & DAVIS, P.A.**

Principal Place of Business Mailing Address  
**% JOHN L. MYRICK  
625 N NINTH AVE  
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1985** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-2612029** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$9.75 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  No

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

9. Name and Address of Current Registered Agent  
**MYRICK, JOHN L.  
625 N NINTH AVE  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
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 607.0502 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MYRICK, JOHN L.
STREET ADDRESS	625 N NINTH AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VP
NAME	DAVIS, R. BROOKS
STREET ADDRESS	625 N. NINTH AVE.
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	SILBER, BARRY L
STREET ADDRESS	625 N. NINTH AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	T
NAME	BREHANY, E. J
STREET ADDRESS	625 N. NINTH AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Myrick, John L.	
1.3 STREET ADDRESS	625 N. Ninth Ave.	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, R. Brooks	
2.3 STREET ADDRESS	625 N. Ninth Ave.	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Silber, Barry L.	
3.3 STREET ADDRESS	625 N. Ninth Ave.	
3.4 CITY-ST-ZIP	Pensacola, FL 32501	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brehany, E. Jane	
4.3 STREET ADDRESS	625 N. Ninth Ave.	
4.4 CITY-ST-ZIP	Pensacola, FL 32501	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**John L. Myrick, Director**

February 23, 1995 (904)433-0084  
Date Date of Filing