

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H91464 (8)

1. Corporation Name

BOBBY A. PRESNELL AND ASSOCIATES, INC.



Principal Place of Business

1221 COMMERCIAL PARK DR., STE.1
TALLAHASSEE FL 32303

Mailing Address

1221 COMMERCIAL PARK DR., STE.1
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

12/24/1985

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2625551

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTSFIELD, PAUL F. JR.
308 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PRESNELL, BOBBY A.
STREET ADDRESS
4230 HAYLEIGH DEE DR.
CITY- ST- ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
JAKS, JACOB R. P.E.
STREET ADDRESS
1812 DOOMAR DRIVE
CITY- ST- ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
PRESNELL, BOBBY A.
STREET ADDRESS
4230 HAYLEIGH DEE DR.
CITY- ST- ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
PRESNELL, MARTHA
STREET ADDRESS
4230 HAYLEIGH DEE DR.
CITY- ST- ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
MEARS, MICHAEL K.
STREET ADDRESS
RT. 16, BOX 6040
CITY- ST- ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bobby A. Presnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby A. PRESNELL 3/12/96 (904) 386-3462

Date

Daytime Phone #

CR2E034 (12/95)