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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H99121 (6)

**1. Corporation Name
KEITH LAMB & ASSOCIATES, INC.**

Principal Place of Business Mailing Address
% JAMES L. CHASE 1213 OAKMONT DR
101 E. GOVERNMENT ST NICEVILLE FL 32578
PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/12/1986 **3a. Date of Last Report** 04/20/1994
4. FEI Number 59-2644914 **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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
CHASE, JAMES L.
101 E. GOVERNMENT STREET
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 **85** Zip Code **FL**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	LAMB, GWENDOLYN M.
STREET ADDRESS	1213 OAKMONT DR
CITY - ST - ZIP	NICEVILLE FL
TITLE	DV
NAME	LAMB, ROY E., II
STREET ADDRESS	4502 LAKE SHORE DR #209
CITY - ST - ZIP	WACO TX
TITLE	DP
NAME	LAMB, KEITH L
STREET ADDRESS	1213 OAKMONT DR
CITY - ST - ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this 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: *Keith L Lamb* **KEITH L. LAMB - PRES** 4-24-95 904-897-4100
Signature and typed or printed name of signing officer or director Date (Type in block 8)