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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H99707** (2)

1. Corporation Name
HUEY, GUILDAY & TUCKER, P.A.

Principal Place of Business
**% DAVID P. HOPSTETTER
P O BOX 1784, 106 E COLLEGE AV. STE 900
TALLAHASSEE FL 32301**

Mailing Address
**% DAVID P. HOPSTETTER
P O BOX 1784, 106 E COLLEGE AV. STE 900
TALLAHASSEE FL 32301-7732**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**HOPSTETTER, DAVID P.
106 E COLLEGE AVE, SUITE 900
TALLAHASSEE FL 32301**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 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

Signature of corporation, if registered agent, and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HUEY, J. MICHAEL	
STREET ADDRESS	1526 GRAPE DT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☐ DELETE
NAME	GUILDAY, THOMAS J.	
STREET ADDRESS	3383 W LAKESHORE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ DELETE
NAME	HOPSTETTER, DAVID P.	
STREET ADDRESS	2808 WOODSIDE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
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

11 TITLE	P	☒ Change ☐ Addition
12 NAME	Huey, J. Michael	
13 STREET ADDRESS	1125 Carriage Road	
14 CITY-ST-ZIP	Tallahassee, FL 32312	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	ST	☒ Change ☐ Addition
32 NAME	Hopstetter, David P.	
33 STREET ADDRESS	3223 Arbor Hill Way	
34 CITY-ST-ZIP	Tallahassee, FL 32308	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	700002065487	☐ Change ☐ Addition
52 NAME	-01/23/97--01008--016	
53 STREET ADDRESS	***165.00	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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:

David P. Hopstetter

David P. Hopstetter 1/6/97 904-224-7091

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Displaying Page: 4

CR2E034 (9/96)