

FILE NOW: FILING FEE AFTER MAY 1 IS \$225

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J23053**

1. Corporation Name

PREMIER HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

2727 ATLANTIC BOULEVARD
JACKSONVILLE, FLORIDA 32207
USA

2727 ATLANTIC BOULEVARD
JACKSONVILLE, FLORIDA
32207
USA

3. Date Incorporated or Qualified

3a. Date of Last Report

07/09/86

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2704658

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

THOMAS F. PETWAY, III
2727 ATLANTIC BOULEVARD
JACKSONVILLE, FLORIDA 32207

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: D, S, T, P DELETE
NAME: THOMAS F. PETWAY, III
STREET ADDRESS: 2727 ATLANTIC BOULEVARD
CITY-STATE-ZIP: JACKSONVILLE, FL 32207

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

TITLE: VP DELETE
NAME: CHRISTOPHER F. EMANS
STREET ADDRESS: 2152 FOREST HOLLOW WAY
CITY-STATE-ZIP: JACKSONVILLE, FLORIDA 32259

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

TITLE: P DELETE
NAME: MONTY HASKINS
STREET ADDRESS: 1235 BRIGHTON WAY
CITY-STATE-ZIP: LAKE LAND, FL 33813

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-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 of chapter 12 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

398-3907

Daytime Phone #

CR2E034 (12/95)