

**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**

3. Date Incorporated or Qualified **07/09/86** 3a. Date of Last Report

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

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

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 \_\_\_\_\_ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D,S,T,P</b> <input type="checkbox"/> DELETE
NAME	<b>THOMAS F. PETWAY, III</b>
STREET ADDRESS	<b>2727 ATLANTIC BOULEVARD</b>
CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32207</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>CHRISTOPHER F. EMANS</b>
STREET ADDRESS	<b>2152 FOREST HOLLOW WAY</b>
CITY-STATE-ZIP	<b>JACKSONVILLE, FLORIDA 32259</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MONTY HASKINS</b>
STREET ADDRESS	<b>1235 BRIGHTON WAY</b>
CITY-STATE-ZIP	<b>LAKELAND, FL 33813</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

**200001734742**  
**-03/06/96--01098--010**  
**\*\*\*200.00**

**7/2/96**

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 13 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/4/96** DAYTIME PHONE: **398-3907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)