

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J60631 (5)**

1. Corporation Name
M. C. ZIEGLER & ASSOCIATES, INC.



Principal Place of Business	Mailing Address
% MARY C. ZIEGLER 9750 SEMINOLE BOULEVARD SEMINOLE FL 34642	% MARY C. ZIEGLER 9750 SEMINOLE BOULEVARD SEMINOLE FL 34642

3. Date Incorporated or Qualified 03/04/1987	3a. Date of Last Report 07/03/1995
--	--

2. Principal Place of Business	2a. Mailing Address
21 13496 CORONADO DR	26 % MARY C ZIEGLER
22 Suite, Apt. #, etc.	27 13496 CORONADO DR
23 LARGO, FL	28 LARGO, FL
24 34644 Country USA	29 34644 Country USA

4. FEI Number 59-2772098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZIEGLER, MARY C. 9750 SEMINOLE BOULEVARD SEMINOLE FL 33542				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	13496 CORONADO DR		
				83			
				84 City	LARGO	85 State	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, MARY C.	1.2 NAME	
STREET ADDRESS	9750 SEMINOLE BOULEVARD	1.3 STREET ADDRESS	13496 CORONADO DR
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	LARGO, FL 34644
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, VICTORIA L.	2.2 NAME	
STREET ADDRESS	13496 CORONADO DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, CHARLES B.	3.2 NAME	
STREET ADDRESS	13496 CORONADO DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Mary Ziegler **MARY C. ZIEGLER** Date: **4-26-96** (813) 596-6701

CR2E034 (12/95)