

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J71313 (7)**

1. Corporation Name  
**PSB, INC.**



Principal Place of Business: **2705 PARSONS REST TALLAHASSEE FL 32308**  
Mailing Address: **2705 PARSONS REST TALLAHASSEE FL 32308**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/06/1987**  
3a. Date of Last Report: **08/08/1995**  
4. FEI Number: **59-2876543**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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  
**N  
249 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301**

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 TITLE	<b>P</b>	<input type="checkbox"/> DELETE
11.2 NAME	<b>MCCRAY, HAL</b>	
11.3 STREET ADDRESS	<b>2705 PARSONS REST</b>	
11.4 CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
11.5 TITLE	<b>S</b>	<input type="checkbox"/> DELETE
11.6 NAME	<b>PADGETT, RON</b>	
11.7 STREET ADDRESS	<b>1634 AIRPORT DRIVE</b>	
11.8 CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY - ST - ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or in an annual report with an address.

SIGNATURE: *Ron Padgett - Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96  
893-5252  
Dated: \_\_\_\_\_

CR2E034 (12/95)