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**Apr 08 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 # K56108 (9)
1. Corporation Name
BROACH & ASSOCIATES, INC.



Principal Place of Business: **440 LENOX SQUARE JACKSONVILLE FL 32254 US**
Mailing Address: **P O BOX 6697 JACKSONVILLE FL 32236-6697 US**

3. Date Incorporated or Qualified: **01/01/1989** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2924644** 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

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

9. Name and Address of Current Registered Agent
**BROACH, BILL B.
440 LENOX SQUARE
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent
81 Name: **Tommie J. Broach**
82 Street Address (P.O. Box Number is Not Acceptable): **440 Lenox Square**
83
84 City: **Jacksonville** FL 85 Zip Code: **32254**

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: *Tommie J. Broach* DATE: **3/21/97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROACH, BILL B. | |
| STREET ADDRESS | 440 LENOX SQUARE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | BROACH, TOMMIE DARM | |
| STREET ADDRESS | 772 ENNIS DR. | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | BROACH, PEGGY M. | |
| STREET ADDRESS | 9252 SAN JOSE BLV A 4103 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GIROLAMO, RUSSELL | |
| STREET ADDRESS | 12973 BUCKTHORN CT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | B | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 564 Golden Links Drive |
| 2.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Director |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | Director, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Broach, Larry K |
| 5.3 STREET ADDRESS | 1244 Reservoir Lane |
| 5.4 CITY-ST-ZIP | Jacksonville, FL 32223 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: *Tommie J. Broach* President, 3/21/97 (904) 388-2601

CR2E034 (9/96)