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 # K72232 (7)

1. Corporation Name

INGLEY, CAMPBELL, MOSES, SCHMIDT AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% GENE I. SCHMIDT 245 E. INTENDENCIA PENSACOLA FL 32501	% GENE I. SCHMIDT 245 E. INTENDENCIA PENSACOLA FL 32501

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21: 139 E. GOVERNMENT STREET
22: Suite, Apt. #, etc.
23: City & State: PENSACOLA FL
24: Zip: 32501
25: Country: ESCAMBIA

2a. Mailing Address
26: 139 E. GOVERNMENT ST.
27: Suite, Apt. #, etc.
28: City & State: PENSACOLA FL
29: Zip: 32501
30: Country: ESCAMBIA

4. FEI Number: 59-2934035 ☐ 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

SCHMIDT, GENE I.
245 E. INTENDENCIA STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 139 E. GOVERNMENT STREET
83
84 City: PENSACOLA FL 85 Zip Code: 32501

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	INGLEY, HERBERT A.		1.2 NAME		
STREET ADDRESS	6110 N.W. 32ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CAMPBELL, ARTHUR L.		2.2 NAME		
STREET ADDRESS	3044 S.W. 70TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOSES, FRANCIS W.		3.2 NAME		
STREET ADDRESS	1523 NW 52ND TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, GENE I.		4.2 NAME		
STREET ADDRESS	2121 N WHALEY AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	300001786163 -04/18/96--01110--004	
TITLE	V	☐ DELETE	5.1 TITLE	TS, VP **200.75	☒ Change ☐ Addition
NAME	DELL, HAROLD L.		5.2 NAME		
STREET ADDRESS	4370 D'EVEREUX DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4.18

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: _____ H.L. Dell 4/16/96 904-438-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)