SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (5)JAMES C. ORR ASSOCIATES, INC. Principal Place of Business Mailing Address 1551 GARDEN STREET 1551 GARDEN STREET TITUSVILLE FL 32796 TITUSVILLE FL 32796 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2955640 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required ----City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ 8. This corporation has liability for intangible tax under s. 199 032 24 29 Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ORR. JAMES C. 1551 GARDEN ST 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32796 83 City 84 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 for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE (NDR. Registered Agent separative regional when reinsticing) Signature, typed or plant of care of registers diagnost and the diapply able OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)DELETE TITLE PD 11 TIFLE Change Addition NAME ORR, JAMES C. 1.2 NAME CR2E034 1551 GARDEN ST STREET ADDRESS : 3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 1 4 CITY - ST - ZIP TITLE XX DELETE 2.1 TITLE Change Addition NAME TUMBLIN, WILLIAM D. 2.2 NAME STREET ADDRESS 1200 CRESCENT DR. 2.3 STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 2 4 CHY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY - ST - ZIP DELETE TITLE 41 TIFLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 O(TY - ST - ZIP TITLE DELETE 5 : TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY - ST - Z:P DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS € 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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 Soction 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6/14/96 407-268-1108

SIGNATURE: _ JAMES C.

ORR

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRI