

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 # L16332 (3)

1. Corporation Name

RIGGS, STOREY, FULMER & INGRAM, P.A.



Principal Place of Business

Mailing Address

348 SW MIRACLE STRIP PKWY.  
STE. 34  
FT. WALTON BCH. FL 32548  
US

348 SW MIRACLE STROP PKWY.  
STE. 34  
FT. WALTON BCH. FL 32548  
US

3. Date Incorporated or Qualified  
09/13/1989

3a. Date of Last Report  
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2962592

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

10. Name and Address of New Registered Agent

FLEET, BART ESQUIRE  
1201 NORTH EGLIN PARKWAY  
SHALIMAR FL 32579

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME RIGGS, STEVE  
STREET ADDRESS 348 SW MIRACLE STRIP PKWY., #34  
CITY-ST-ZIP FT. WALTON BCH. FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME STOREY, PAUL  
STREET ADDRESS 348 SW MIRACLE STRIP PKWY., #34  
CITY-ST-ZIP FT. WALTON BCH. FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME FULMER, TIM  
STREET ADDRESS 1077 HWY 98 E  
CITY-ST-ZIP DESTIN FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MARTIN, LILLIAN G  
STREET ADDRESS 1348 CARMICHAEL WAY  
CITY-ST-ZIP MONTGOMERY AL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME HERNDON, TIMOTHY D  
STREET ADDRESS 4502 HWY. 20 E., STE. A  
CITY-ST-ZIP NICEVILLE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME V. D.  
5.3 STREET ADDRESS No change  
5.4 CITY-ST-ZIP No change

TITLE VD ☐ DELETE  
NAME INGRAM, PHYLLIS S  
STREET ADDRESS 1348 CARMICHAEL WAY  
CITY-ST-ZIP MONTGOMERY AL

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. RIGGS 4/8/96 (904) 244-8395

CR2E034 (12/95)