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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 32548-5220 US

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 04/16/1996
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

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

9. Name and Address of Current Registered Agent

FLEET, BART ESQUIRE
1201 NORTH EGLIN PARKWAY
SHALIMAR FL 32579

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 607.0502 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 the corporation officer listed in 12 as applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	RIGGS, STEVE	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	SD	☐ DELETE
NAME	STOREY, PAUL	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	TD	☐ DELETE
NAME	FULMER, TIM	
STREET ADDRESS	1077 HWY 98 E	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	☐ DELETE
NAME	MARTIN, LILLIAN G	
STREET ADDRESS	1348 CARMICHAEL WAY	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	VD	☐ DELETE
NAME	HERNDON, TIMOTHY D	
STREET ADDRESS	4502 HWY. 20 E., STE. A	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	☐ DELETE
NAME	INGRAM, PHYLLIS S	
STREET ADDRESS	1348 CARMICHAEL WAY	
CITY-ST-ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Vice President, Director	☐ Change ☒ Addition
1.2 NAME	Bruce A. Nunnally	
1.3 STREET ADDRESS	348 SW Miracle Strip Parkway #34	
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 _____ 4/12/97 (904)244-8395