

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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66 MAY -6 1110:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***299.75 ***299.75
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L25860 (2)
1. Corporation Name
Pierce, Goodwin, Alexander & Linville/Florida, Inc.

Principal Place of Business 2701 N. Rocky Point Drive Suite 500 Tampa, Fl. 33607-2909	Mailing Address 2701 N. Rocky Point Drive Suite 500 Tampa, Fl. 33607-2909
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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
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3. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 1995
4. FEI Number 59-2973660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> YES	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Hanto, Donald C.
2701 N. Rocky Point Drive
Suite 500
Tampa, FL 33607-2909

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D
NAME	Phillips, Guymon
STREET ADDRESS	2701 N Rocky PT DR
CITY- ST- ZIP	Tampa FL 33607-2909
TITLE	O
NAME	Gerber, Jeff
STREET ADDRESS	2701 N Rocky PT DR
CITY- ST- ZIP	Tampa FL 33607-2909
TITLE	D
NAME	Linville, Jack
STREET ADDRESS	2701 N Rocky PT DR
CITY- ST- ZIP	Tampa, FL 33607-2909
TITLE	O
NAME	Hanto, Donald C
STREET ADDRESS	2701 N Rocky PT DR
CITY- ST- ZIP	Tampa FL 33607-2909
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 principal 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, unchanged, or on an attachment with an address.

SIGNATURE: Jack Linville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Linville, Chairman

5/1/96 (813) 289-3313
Date Time Phone