

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L52568**

1. Corporation Name
J.B.L ASSOCIATES INC

Principal Place of Business Mailing Address
**3530 FIRESTONE BV STAE
PENSACOLA, FL 32503**

3. Date Incorporated or Quoted 3a. Date of Last Report
4/29/95

2. Principal Place of Business 2a. Mailing Address
21. **ABOVE** 26. **ABOVE 3530 FIRESTONE BV**
Suite Apt # etc Suite, Apt # etc
22. City & State 27. City & State
23. **PENSACOLA FL**
Zip Country Zip Country
24. **32503** 25. **ESCAMBIA** 29. **32503** 30. **ESCAMBIA**

4. FFI Number Applied For
59-2995625 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. 199.05, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LYALL L. FRAZIER JR
3530 FIRESTONE BV
PENSACOLA, FL 32503**

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 *[Signature]* DATE **4/26/95**

12. OFFICERS AND DIRECTORS

TITLE	LYALL L. FRAZIER JR	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LYALL L. FRAZIER JR	
STREET ADDRESS	3530 FIRESTONE BV	
CITY, ST, ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF:

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

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*****200.00**

[Signature]
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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]* DATE: **4/26/96** **904 433-4133**

CR2E034 (12/95)