

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: **3530 FIRESTONE BV PENSACOLA, FL 32503**
Mailing Address: **STATE**

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

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

4. FEI Number: **59-2995625**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
7. This corporation has liability for intangible tax under s. 199.03, 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: _____
85. Zip Code: **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: *[Signature]*
Name of Typist or Printed Name of Registered Agent: _____

Date: **4/26/95**
Name of Registered Agent: _____

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/96**
Name: **904 433-4133**

CR2E034 (12/95)