

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M69905** (1)

1. Corporation Name
ROBERT J ELDREDGE CO.



Principal Place of Business: **3580 W HWY 44 INVERNESS FL 32650**
Mailing Address: **3580 W HWY 44 INVERNESS FL 32650**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/23/1988		05/01/1995
4.	FBI Number	Applied For	
	59-2864 155	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$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

**ELDREDGE, ROBERT J.
3580 W. HWY. 44
INVERNESS FL 32650**

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

11. Pursuant to the provisions of Sections 607.0549 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDREDGE, ROBERT J.	2. NAME	
STREET ADDRESS	3580 W. HWY. 44	3. STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4. CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDREDGE, ROBERT J.	2.2 NAME	
STREET ADDRESS	3580 W. HWY. 44	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDREDGE, ROBERT J.	3.2 NAME	
STREET ADDRESS	3580 W. HWY. 44	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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 I have been duly 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.

SIGNATURE: *Robert J. Eldredge* Robert J. Eldredge 4/8/96

CR2E034 (12/95)