

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M88747 (4)**

1. Corporation Name

DELAY, THOMPSON, ALLIGOOD & BECK, INC.



Principal Place of Business

Mailing Address

4190 BELFORT SUITE 425
% STEVEN C.KOEGLER
JACKSONVILLE FL 32216
US

4190 BELFORT SUITE 425
% STEVEN C.KOEGLER
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
07/01/1988

3a. Date of Last Report
10/24/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2897673

Applied For
 Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, JOSEPH A.
4190 BELFORT RD, STE 425
JACKSONVILLE FL 32216**

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 required for this corporation to be changed to a corporation

Signature required for the Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	V	<input type="checkbox"/> DELETE
12.2 NAME	DELAY, JAMES F.	
12.3 STREET ADDRESS	4190 BELFORT RD SUITE 425	
12.4 CITY, ST, ZIP	JACKSONVILLE FL	
12.5 TITLE	VP	<input type="checkbox"/> DELETE
12.6 NAME	THOMPSON, JOSEPH A.	
12.7 STREET ADDRESS	4190 BELFORT RD SUITE 425	
12.8 CITY, ST, ZIP	JACKSONVILLE FL	
12.9 TITLE	V	<input type="checkbox"/> DELETE
12.10 NAME	BECK, JAMES A.	
12.11 STREET ADDRESS	4190 BELFORT RD SUITE 415	
12.12 CITY, ST, ZIP	JACKSONVILLE FL	
12.13 TITLE	S	<input type="checkbox"/> DELETE
12.14 NAME	WATTS, SUSAN	
12.15 STREET ADDRESS	4190 BELFORT RD SUITE 425	
12.16 CITY, ST, ZIP	JACKSONVILLE FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 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 applicable, or on an attachment with an address.

SIGNATURE:

JOSEPH A. THOMPSON

2/14/96

(904) 296-2563

CRCE034 (12/95)