

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # M92324 (6)

1. Corporation Name:
MACARTHUR ASSOCIATES, INC.



Principal Place of Business: **205 N. MARION ST. TAMPA FL 33602**
Mailing Address: **205 N. MARION ST. TAMPA FL 33602**

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/03/1988 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-2908657 | Applied For 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 checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**HUMPHRIES, J. BOB
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MACARTHUR, HUGH A. | |
| STREET ADDRESS | 205 N. MARION ST. | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | VST | <input type="checkbox"/> DELETE |
| NAME | MACARTHUR, DEBORAH | |
| STREET ADDRESS | 205 N. MARION ST. | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | HUMPHRIES, J. BOB | |
| STREET ADDRESS | 501 E KENNEDY BLVD 1700 | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MACARTHUR, DEBORAH | |
| STREET ADDRESS | 205 N MARION ST | |
| CITY - ST - ZIP | TAMPA FL | |
| 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 IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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 in an attachment with an address.

SIGNATURE: _____ DATE: **2/5/96** DAYTIME PHONE #: **813-221-5343**

CR2E034 (12/95)