

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14505 (4)

1. Corporation Name

VOLUSIA CIVIL TRIAL ATTORNEYS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

605 S. RIDGEWOOD AVE.
P.O. BOX 5307
DAYTONA BEACH FL 32114
US

605 S. RIDGEWOOD AVE.
P.O. BOX 5307
DAYTONA BEACH FL 32114
US

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 114 S. Palmetto Ave.

26 P.O. Box 567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Daytona Beach, FL

28 Daytona Beach, FL

24 Zip Country

29 Zip Country

32114

25

32115

30 USA

4. FEI Number

59-1890070

Applied For

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUSE, ROBERT K JR.
605 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

81 Name
Stephen R. Ponder

82 Street Address (P.O. Box Number is Not Acceptable)
114 S. Palmetto Avenue

83

84 City Zip Code
Daytona Beach, FL 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROUSE, ROBERT K JR.
STREET ADDRESS 605 S. RIDGEWOOD VE.
CITY-ST-ZIP DAYTONA BCH. FL

1.1 TITLE PD
1.2 NAME Stephen R. Ponder
1.3 STREET ADDRESS 114 S. Palmetto Avenue
1.4 CITY-ST-ZIP Daytona Beach, Florida 32114

TITLE VPD
NAME SNELL, GREGORY D ESQUIRE
STREET ADDRESS 150 MAGNOLIA AVE.
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE SD
2.2 NAME Philip J. Chanfrau, Jr.
2.3 STREET ADDRESS 701 N. Peninsula Drive
2.4 CITY-ST-ZIP Daytona Beach, Florida 32118

TITLE SD
NAME WHITE, SARAH H ESQUIRE
STREET ADDRESS 760 WHITE ST.
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE TD
3.2 NAME Marla Rawnsley
3.3 STREET ADDRESS 501 N. Grandview Avenue
3.4 CITY-ST-ZIP Daytona Beach, Florida 32118

TITLE TD
NAME PONDER, STEPHEN R ESQUIRE
STREET ADDRESS 114 S. PALMETTO AVE.
CITY-ST-ZIP DAYTONA BEACH FL

4.1 TITLE D
4.2 NAME W.M. Chanfrau
4.3 STREET ADDRESS 701 N. Peninsula Drive
4.4 CITY-ST-ZIP Daytona Beach, Florida 32118

TITLE S
NAME MARIOTT, FRANK
STREET ADDRESS 432 S. BEACH ST.
CITY-ST-ZIP DAYTONA BEACH FL

5.1 TITLE D
5.2 NAME David Monaco
5.3 STREET ADDRESS 444 Seabreeze Blvd., Ste. 900
5.4 CITY-ST-ZIP Daytona Beach, Florida 32118

TITLE PD
NAME WELLS, SYLVAN A.
STREET ADDRESS 618 N. WILD OLIVE AVE.
CITY-ST-ZIP DAYTONA BEACH FL

6.1 TITLE D
6.2 NAME Terence Perkins
6.3 STREET ADDRESS 444 Seabreeze Blvd., Ste. 900
6.4 CITY-ST-ZIP Daytona Beach, Florida 32118

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001173

CR2E037 (3/96)