

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 0:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05737 (2)**
1. Corporation Name
PROCTOR & ASSOCIATES, INC.

Principal Place of Business Mailing Address
320 SECOND ST P.O. BOX 659 CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2460195	Applied For <input type="checkbox"/> 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
7. This corporation has liability for the apportionment of 1995 State Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent PROCTOR, CARMEN DOYLE 320 SECOND ST CEDAR KEY FL 32625-7659	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 607.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, CARMEN, D	12. NAME	
STREET ADDRESS	320 SECOND ST	13. STREET ADDRESS	
CITY, ST, ZIP	CEDAR KEY FL	14. CITY, ST, ZIP	
TITLE	P	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, C	22. NAME	
STREET ADDRESS	320 SECOND ST	23. STREET ADDRESS	
CITY, ST, ZIP	CEDAR KEY FL	24. CITY, ST, ZIP	
TITLE	ST	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, CARMEN D	32. NAME	
STREET ADDRESS	320 SECOND ST	33. STREET ADDRESS	
CITY, ST, ZIP	CEDAR KEY FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.06(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee appointed to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears on the back cover of this report. If changed, or in an attachment with an address.

SIGNATURE: *Carmen D Proctor* **CARMEN D Proctor** 904 543-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-30-95