

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

CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P23068 (0)			
1. Corporation Name			
CHRISTMAN & PARSONS, INC.			
Principal Place of Business		Mailing Address	
505 GOSSETT ROAD (ROAD 57)		SAME	
P.O. BOX 5931			
SPARTANBURG, SC 29304			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
O'MALLEY, ANDREW M.		81 Name	
1190 ASHLEY TOWER		82 Street Address (P.O. Box Number is Not Acceptable)	
100 S. ASHLEY DRIVE		83	
TAMPA FL 33602		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
7.1 TITLE		7.1 TITLE	
7.2 NAME		7.2 NAME	
7.3 STREET ADDRESS		7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	
8.1 TITLE		8.1 TITLE	
8.2 NAME		8.2 NAME	
8.3 STREET ADDRESS		8.3 STREET ADDRESS	
8.4 CITY-ST-ZIP		8.4 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 13, changed, or on an attachment with an address.			
SIGNATURE: <i>E. Eugene Salter</i>		15 MAR '96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	