

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36713 (6)

1. Corporation Name

VOLKERT & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

3440 GULF SHORES PKWY
GULF SHORES AL 36542
US

P.O. BOX 7434
MOBILE AL 36670

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

12/17/1991

3a. Date of Last Report

02/21/1995

4. FEI Number

63-1043591

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME VOLKERT, DAVID G.
STREET ADDRESS 5400 SHAWNEE ROAD
CITY-ST-ZIP ALEXANDRIA VA

TITLE VC ☐ DELETE

NAME FAULKNER, JAMES H.
STREET ADDRESS 3809 MOFFETT ROAD
CITY-ST-ZIP MOBILE AL

TITLE PD ☐ DELETE

NAME KING, T. KEITH
STREET ADDRESS 3809 MOFFETT ROAD
CITY-ST-ZIP MOBILE AL

TITLE D ☐ DELETE

NAME SUTE, JOHN R.
STREET ADDRESS 3809 MOFFETT ROAD
CITY-ST-ZIP MOBILE AL

TITLE VP ☐ DELETE

NAME HAND, NOEL E.
STREET ADDRESS 3440 GULF SHORE PKWY.
CITY-ST-ZIP GULF SHORES AL

TITLE S ☐ DELETE

NAME HANCKEN, MARGARET C.
STREET ADDRESS 3809 MOFFETT ROAD
CITY-ST-ZIP MOBILE AL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: Margaret Hancken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

(334)342-1070
Daytime Phone #

CR2E034 (12/95)