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**Mar 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P92000007121 (6)

1. Corporation Name
~~HUDSON & WHEAT CPAs P.A.~~
TIM WHEAT, CPA, P.A.



Principal Place of Business: **4475 WOODBINE ROAD SUITE 7 PACE FL 32571**
Mailing Address: **4475 WOODBINE ROAD SUITE 7 PACE FL 32571-8738**

3. Date Incorporated or Qualified: **11/23/1992**
3a. Date of Last Report: **04/16/1996**
4. FEI Number: **59-3147853**
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

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

9. Name and Address of Current Registered Agent
**HUDSON, ROBERT T
4475 WOODBINE ROAD
SUITE 7
PACE FL 32571**

10. Name and Address of New Registered Agent
**81 Name: WHEAT, TIMOTHY D.
82 Street Address (P.O. Box Number is Not Acceptable): 4475 WOODBINE ROAD
83 SUITE 7
84 City: PACE FL 85 Zip Code: 32571**

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, as 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: *Timothy D. Wheat* **President** **3/4/97**
Signature of officer or director of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHEAT, TIMOTHY D	
STREET ADDRESS	4475 WOODBINE ROAD SUITE 7	
CITY - ST - ZIP	PACE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, ROBERT T	
STREET ADDRESS	ROUTE 3 BOX 945-C	
CITY - ST - ZIP	JAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MASSEY, CYNTHIA S.	
2.3 STREET ADDRESS	4475 WOODBINE ROAD, SUITE 7	
2.4 CITY - ST - ZIP	PACE, FL 32571	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Timothy D. Wheat* **Timothy D. Wheat** **3/4/97** **(904) 995-4050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)