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Secretary of State

CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000013422 (0)			
1. Corporation Name ROBERT L. HOLLAND & ASSOCIATES, INC.			
Principal Place of Business 205 THOUSAND OAKS BLVD. PONTE VEDRA BEACH FL 32082		Mailing Address 205 THOUSAND OAKS BLVD. PONTE VEDRA BEACH FL 32082	
2. Principal Place of Business 128 NANDING CIRCLE 102 CONCH CT. Suite, Apt. #, etc.		2a. Mailing Address 128 NANDING CIRCLE 102 CONCH CT. Suite, Apt. #, etc.	
23. City & State PONTE VEDRA BCH, FL		27. City & State PONTE VEDRA BCH, FL	
24. Zip 32082		29. Zip 32082	
25. Country ST. JOHNS		30. Country ST. JOHNS	
9. Name and Address of Current Registered Agent BUSCHMAN, ALBERT E JR. 2215 S. 3RD ST. SUITE 101 JACKSONVILLE BEACH FL 32250		10. Name and Address of New Registered Agent 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 607.09(2) and 607.10(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to comply 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 607.10(5), Florida Statutes. SIGNATURE: Robert L. Holland (NOTE: Registered Agent signature required when reappointing) DATE: 3/22/95 5:19P			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME HOLLAND, ROBERT L 1.3 STREET ADDRESS 205 THOUSAND OAKS BLVD. 1.4 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 102 CONCH CT. 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
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100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP		100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000002183160
-05/19/97--01107--041
***165.00

5.1.97

904-285-7700