

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014733 (9)

1. Corporation Name

-MCNEIL, THORNE & ASSOCIATES, INC.-
MCNEIL & ASSOCIATES, INC.



Principal Place of Business

1600 LOBLOLLY LANE
LYNN HAVEN FL 32444
US

Mailing Address

P.O. BOX 820
LYNN HAVEN FL 32444

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1600 Loblolly Lane		26		01/01/1993		04/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3156540		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Lynn Haven, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32444		25 U.S.		29		30	

9. Name and Address of Current Registered Agent

FAUCHEUX, PATRICK J P.A.
845 JENKS AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name	LINDA McNEIL
82 Street Address (P.O. Box Number is Not Acceptable)	1600 Loblolly Lane
83	
84 City	Lynn Haven FL
85 Zip Code	32444

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

Linda McNeil

Linda McNeil, Vice-President 4/24/96

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, S, T
NAME	MCNEIL, STEVE	1.2 NAME	MCNEIL, STEVE
STREET ADDRESS	1600 LOBLOLLY LANE	1.3 STREET ADDRESS	1600 Loblolly Avenue
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	VST	2.1 TITLE	
NAME	THORNE, GEORGE B	2.2 NAME	
STREET ADDRESS	1510 OAK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V
NAME		3.2 NAME	McNEIL, LINDA
STREET ADDRESS		3.3 STREET ADDRESS	1600 Loblolly Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

William S. "Steve" McNeil
William S. "Steve" McNeil, President

04/24/96

904-265-2266

Date

Daytime Phone #

CR2E034 (12/95)