

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 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 # P93000001875 (2)
 1. Corporation Name
GRAHAM & COTTRILL, P.A.

Principal Place of Business	Mailing Address
110 EAST HILLCREST STREET ORLANDO, FL 32801	110 EAST HILLCREST STREET ORLANDO, FL 32801

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/11/1993	03/20/96
22	27	4. FEI Number	Applied For
23	28	59-3151882	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRAHAM, DAVID W. 110 EAST HILLCREST STREET ORLANDO, FL 32801		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: _____ (NOTE: Registered Agent's signature required when re-instating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GRAHAM, DAVID W.	1.2 NAME	
STREET ADDRESS	125 WHITECAPS CIRCLE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MAITLAND, FL 32751	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COTTRILL, CHRISTOPHER L.	2.2 NAME	
STREET ADDRESS	401 E. ROBINSON STREET - #502	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32801	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JACKSON, H.C.	3.2 NAME	
STREET ADDRESS	1671 WOODLAND AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK, FL 32789	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BATTS, MICHAEL E.	4.2 NAME	
STREET ADDRESS	2529 MODAC TRAIL	4.3 STREET ADDRESS	
CITY- ST- ZIP	MAITLAND, FL 32751	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOSTETTER, H.B.	5.2 NAME	
STREET ADDRESS	1922 TEMPLE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK, FL 32789	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

[Handwritten Signature]
 STW

800002169138
-05/07/97--01026--050
*****165.00**

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, changed _____ on an attachment with an address _____.

SIGNATURE: *[Handwritten Signature]* **4-24-97** **407-843-1681**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)