

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

0052361

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012987

1. Corporation Name

H.E. CUNNINGHAM & ASSOCIATES, INC.

Principal Place of Business

2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308
US

Mailing Address

2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308
US

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

9. Name and Address of Current Registered Agent

CUNNINGHAM, HUGH E
2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308

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 title if applicable

(NOTE: Registered Agent's signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE P CUNNINGHAM, HUGH E [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP
2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [DELETE]

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

4. FEI Number

59-3171081

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 owes the current year Intangible
Personal Property Tax

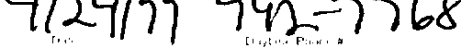
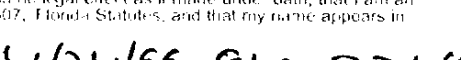
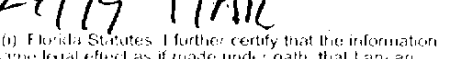
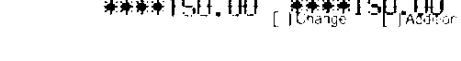
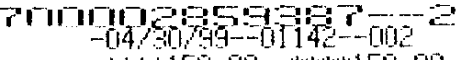
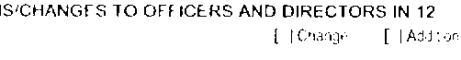
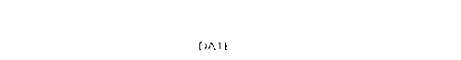
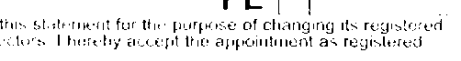
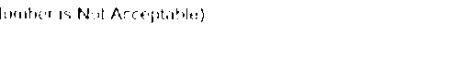
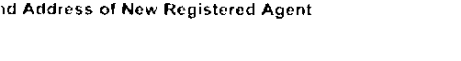
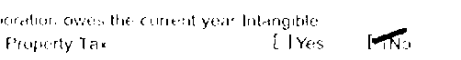
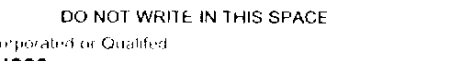
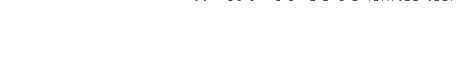
[Yes] [No]

10. Name and Address of New Registered Agent



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FILE



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