

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Minton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000059300 (2)**

1. Corporation Name
GHIOTTO AND ASSOCIATES, INC.



Principal Place of Business
**3830 CROWN POINT ROAD
JACKSONVILLE FL 32257**

Mailing Address
**3830 CROWN POINT ROAD
JACKSONVILLE FL 32257**

2. Principal Place of Business
21 **One San Jose Place #26**
State, Apt. #, etc.

2a. Mailing Address
26 **One San Jose Place #26**
State, Apt. #, etc.

22 **26**
City & State
23 **Jacksonville, FL**

27 **26**
City & State
28 **Jacksonville, FL**

24 **32257** 25 **Duval**

29 **32257** 30 **Duval**

9. Name and Address of Current Registered Agent

**WARD, DOUGLAS A
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **08/24/1993** 3a. Date of Last Report **03/16/1995**

4. FLE Number **59-3203364** 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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Section 607.040, Florida Statutes, I, the above named corporation, submit 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.040, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> DELETE
NAME	D GHIOTTO, PHILIP M
STREET ADDRESS	3830 CROWN POINT ROAD SUITE A JACKSONVILLE FL 32257
CITY, ST, ZIP	D
TITLE	<input type="checkbox"/> DELETE
NAME	CLARY, GREGORY B
STREET ADDRESS	3830 CROWN POINT ROAD SUITE A JACKSONVILLE FL 32257
CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One San Jose Place Suite #26
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied by this filing is of a true, correct and complete nature and that I am an officer or director of the corporation or the trustee or trustee-in-charge of the trust as reported to create this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or correction to information is indicated.

SIGNATURE: *Philip M Ghiotto* PHILIP M GHIOTTO 3/26/96 904 986 0071

CR2E034 (12/95)