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 # **P93000068226 (8)**

1. Corporation Name
FRED L. GILLIAM, INC.

Principal Place of Business
1491 TALL OAKS ROAD
DELAND FL 32720

Mailing Address
1491 TALL OAKS ROAD
DELAND FL 32720

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-3198003** [ ] 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 [X] No

2. Principal Place of Business
21 5680 Winona Trail
Suite, Apt. #, etc.
22
City & State
23 DeLeon Springs, FL
Zip 24 32130 Country 25 Volusia

2a. Mailing Address
26 5680 Winona Trail
Suite, Apt. #, etc.
27
City & State
28 DeLeon Springs, FL
Zip 29 32130 Country 30 Volusia

9. Name and Address of Current Registered Agent
GILLIAM, FRED L
1491 TALL OAKS ROAD
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5680 Winona Trail
83
84 City DeLeon Springs FL 85 Zip Code 32130

11. Pursuant to the provisions of Sections 607.0202 and 607.1606, 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 _____ Registered Agent Signature _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	GILLIAM, FRED L	
STREET ADDRESS	1491 TALL OAKS ROAD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	** address change	[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	5680 Winona Trail	
14 CITY-ST-ZIP	DeLeon Springs, FL 32130	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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 attached sheet with an address.

SIGNATURE: Fred L. Gilliam 3-25-96 904-822-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)