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Mar 06 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 # P93000088168 (8)

1. Corporation Name
DEBRA A. HUGGINS, INC.



Principal Place of Business
1859 SWALLOW RUN EAST
ORANGE PARK FL 32073

Mailing Address
1859 SWALLOW RUN EAST
ORANGE PARK FL 32073-2500

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21. Same

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Suite, Apt. #, etc.

City & State

Zip

Country

25. Suite, Apt. #, etc.

City & State

Zip

Country

26. Suite, Apt. #, etc.

City & State

Zip

Country

27. Suite, Apt. #, etc.

City & State

Zip

Country

28. Suite, Apt. #, etc.

City & State

Zip

Country

29. Suite, Apt. #, etc.

City & State

Zip

Country

30. Suite, Apt. #, etc.

City & State

Zip

Country

31. Suite, Apt. #, etc.

City & State

Zip

Country

32. Suite, Apt. #, etc.

City & State

Zip

Country

33. Suite, Apt. #, etc.

City & State

Zip

Country

34. Suite, Apt. #, etc.

City & State

Zip

Country

35. Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CROMWELL, DEBRA HUGGINS
1859 SWALLOW RUN EAST
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81. Name
Cromwell, Debra Huggins
82. Street Address (P.O. Box Number is Not Acceptable)
1859 SWALLOW RUN EAST
83. City
Orange Park
84. State
FL
85. Zip Code
32073

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: Debra Huggins Cromwell
Signature of person or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: 3/3/97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CROMWELL, DEBRA HUGGINS	
STREET ADDRESS	1859 SWALLOW RUN EAST	
CITY- ST- ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Debra Huggins Cromwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Mar 3, 97
Daytime Phone #: 904-276-2652

CR2E034 (9/96)