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Mar 26 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 # P94000012720 (6)

1. Corporation Name

DON BRINDLEY & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

6811 PHILLIPS INDUSTRIAL
JACKSONVILLE FL 32256
US

6811 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256-3028
US

3. Date Incorporated or Qualified
02/15/1994

3a. Date of Last Report
03/26/1996

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

10. Name and Address of New Registered Agent

BRINDLEY, DON M
10575 OLD DIXIE HWY.
PONTE VEDRA FL 32082

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 type the printed name of the person and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

DELETE

D
BRINDLEY, DON M
10575 OLD DIXIE HWY.
PONTE VEDRA FL 32082

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

DELETE

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 included 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 (904) 292-4050

CR2E034 (9/96)