

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

FILED

Jan 16 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 # P94000021403 (8)			
1. Corporation Name W. TIMOTHY HERRING, P.A.			
Principal Place of Business 724 SOUTH BEACH ST. SUITE 3 DAYTONA BEACH FL 32114		Mailing Address 724 SOUTH BEACH ST. SUITE 3 DAYTONA BEACH FL 32114-5412	
2. Principal Place of Business 21 410 North Halifax Ave. Suite, Apt. #, etc. 22 A City & State 23 DAYTONA Beach, FL Zip Country 24 32118 25 USA		2a. Mailing Address 26 5911 Riverside Drive Suite, Apt. #, etc. 27 City & State 28 HARBOR OAKS, FL Zip Country 29 32127 30 USA	
3. Date Incorporated or Qualified 03/15/1994		3a. Date of Last Report 01/24/1996	
4. FEI Number 59-3227862		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERRING, W T 724 SOUTH BEACH ST. SUITE 3 DAYTONA BEACH FL 32114		10. Name and Address of New Registered Agent 81 Name HERRING, W.T. 82 Street Address (P.O. Box Number is Not Acceptable) 5911 Riverside Drive 83 84 City HARBOR OAKS FL 85 Zip Code 32127	
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 I accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: W. Timothy Herring, W. Timothy Herring, P.S.T.D. 1/9/97 NOTE: Registered Agent signature required when reinstating.			
12. OFFICERS AND DIRECTORS TITLE PSTD NAME HERRING, W T STREET ADDRESS 5911 RIVERSIDE DRIVE CITY-ST-ZIP DAYTONA BEACH FL 32127 [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [] Change [] Addition 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE [] Change [] 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: W. Timothy Herring, W. Timothy Herring, President, 1/9/97 (904) 257-0855 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)