

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000040330 (0)

1. Corporation Name

JOHN G. ALBRITTON & ASSOCIATES, INC.



Principal Place of Business

1404 SOUTH 28TH ST.  
SUITE C  
FORT PIERCE FL 34947

Mailing Address

1404 SOUTH 28TH ST.  
SUITE C  
FORT PIERCE FL 34947

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

ALBRITTON, JOHN G  
1404 SOUTH 28TH ST.  
SUITE C  
FORT PIERCE FL 34947

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 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for corporation, officer, or agent, with title (if agent)

Signature for Secretary of State, with title (if agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PV  
ALBRITTON, JOHN G.  
1404 SOUTH 28TH STREET, SUITE C  
FT. PIERCE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST  
ALBRITTON, LINDA  
1404 SOUTH 28TH STREET, SUITE C  
FT. PIERCE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

10. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

12. TITLE NAME STREET ADDRESS CITY-STATE-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 registered agent authorized 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: Linda Albritton S/T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-464-0081  
Date Secretary of State

CR2E034 (12/95)