

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000060700 (9)**

1. Corporation Name

THE WILLIAMS, STAFFORD, PERKINSON GROUP, INC.



Principal Place of Business

SUITE 205
5860 RIDGEWAY CENTER PARKWAY
MEMPHIS TN 38120

Mailing Address

SUITE 205
5860 RIDGEWAY CENTER PARKWAY
MEMPHIS TN 38120

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**WILLIAMS, CAROLYN S
520 GULF SHORES DRIVE
#323
DESTIN FL 32541**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.002 and 617.10(1), Florida Statutes, the above named corporation, submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is in full compliance with the provisions of the Florida Statutes, and the corporation's board of directors, hereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 617.002, Florida Statutes.

SIGNATURE

Carolyn S. Williams

3/25/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
	PRES	STAFFORD, SCOTT	S 205- 5860 RIDGEWAY CTR PKY MEMPHIS TN	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
	SEC	WILLIAMS, DUNCAN F	S 205 5860 RIDGEWAY CTR. PKEY MEMPHIS TN	
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
11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	[] Change [] Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	[] Change [] Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	[] Change [] Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	[] Change [] Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied on this report is true and correct, to the best of my knowledge and belief, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is true and correct, to the best of my knowledge and belief, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the registrar or trustee employed to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is required in accordance with the above.

SIGNATURE: *William Scott Stafford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Scott Stafford

3/20/96 901-543-4055

CR2E034 (12/95)