

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062434 (2)

1. Corporation Name
BAPTIST INVESTMENT GROUP, INC.



Principal Place of Business: **1320 HENDRICKS AVE JACKSONVILLE FL 32207-8621**
Mailing Address: **1320 HENDRICKS AVE JACKSONVILLE FL 32207-8621**

3. Date incorporated or Qualified: **08/14/1995** 3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-3346526** Applied For/Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**MCCLELLAND, EDDIE L
1320 HENDRICKS AVE
JACKSONVILLE FL 32207-8621**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORDERS, GEORGE R	
STREET ADDRESS	1320 HENDRICKS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207-8621	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCCLELLAND, EDDIE L	
STREET ADDRESS	1320 HENDRICKS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207-8621	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MARKHAM, RAY W.	
STREET ADDRESS	1406 BELLESHORE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WATSON, W. ALVIN	
STREET ADDRESS	13654 MYRICA COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	VERLANDER, CHRISTOPHER A.	
STREET ADDRESS	10148 DEERCROCK CLUB RD W	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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 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 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: *Eddie L McClelland* 2/20/96 904 346 0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)