

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071671 (8)

1. Corporation Name

AUDREY MCKIBBIN MORAN, P.A.



Principal Place of Business

218 E ASHLEY ST
JACKSONVILLE FL 32202

Mailing Address

4229 ORTEGA PL
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 701 FISK ST

26 701 FISK ST

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 330

27 Suite 330

City & State

City & State

23 Jacksonville, FLA.

28 Jacksonville, FL

Zip

Zip

24 32204

29 32204

County

25 Duval

County

30 Duval

9. Name and Address of Current Registered Agent

COLD, KATHLEEN H
1 INDEPENDENT DR, SUITE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

NIA

Signature of the person changing the registered office, agent, or both

Signature of the person authorized to execute this report

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), 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 or trustee or person 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 authorized agent's address.

SIGNATURE: *Audrey McKibbin Moran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey McKibbin Moran

2/9/96

904-355-1776

CR2E034 (12/95)