

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 # **P95000077241 (4)**

1. Corporation Name
PYRAMID ASSOCIATES, INC.



Principal Place of Business
**129 NANDINA CIR.
PONTE VEDRA BEACH FL 32082**

Mailing Address
**129 NANDINA CIR.
PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified **10/02/1995** 3a. Date of Last Report
4. FEI Number **59-3342975** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

**HOULD, STEPHEN A ESQ.
708 N. THIRD STREET
JACKSONVILLE BEACH FL 32250**

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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PROSIDENT & DIRECTOR <input type="checkbox"/> DELETE |
| NAME | WILLIAM S. COLLINS |
| STREET ADDRESS | 129 NANDINA CIRCLE |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FLA 32082 |
| TITLE | VICE PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE |
| NAME | MR THOMAS H TAYLOR |
| STREET ADDRESS | 4721 BERRICKSON CT. |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32210 |
| TITLE | SECRETARY, TREASURER & DIRECTOR <input type="checkbox"/> DELETE |
| NAME | MRS LISA ANN LEO |
| STREET ADDRESS | 161 BARBERRY LANE |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FLA 32082 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-ST-ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. 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: *William S. Collins* **WILLIAM S. COLLINS** 3-8-96 904-285-5999
Date: 3-8-96 State of Florida #

CR2E034 (12/95)