FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00					
PROFIT CORPORATION ANNUAL REPORT 1996	San Se	FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of S DIVISION OF CORPORATIONS		4000017i	55674 010034
DOCUMENT # P95000082333 (2) 1. Corporation Name				***208.00	
FERGUSON & ASSOCIATES, INC.					
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Principal Place of Business Mailing Address 7314 BENT OAK DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668					. aanu aana 1921a (1992) 1489 14190 (1) 1981
				3. Date incorporated or Qualified 10/26/1995	3a. Date of Last Report
2. Principal Place of Business 21 7314 BENT OAX DR 26 7314 BENT			1K)R	4, FEI Number 59-336 412	49 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State PORT RICHRY, F	City & State PORT RIC	CHEY,	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	SC 0 29 3466 8	30 Cou	ASC O	· · · · · · · · · · · · · · · · · · ·	No
•	ss of Current Registered Agent		81 Name	10. Name and Address of New F	Registered Agent
FERGUSON, KENNETH D 7314 BENT OAK DRIVE				dress (P.O. Box Number is Not Acceptat	ole)
PORT RICHEY FL 34668			83 84 City	<u> </u>	7.0.4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			ve-named corp	oration submits this statement for the pur	FL 85 Zip Code
or registered agent, or both, in the familiar with, and accept the obliga	State of Florida. Such change was author of Section 607.0505, Florida Statu	orized by the c ites	orporation's bo	vard of directors. Thereby accept the app	pintment as registered agent. I am
Signature, typed or printed harre to	of Registered agent and title Applicable FERCERS AND DIBLECTORS	(NOTE: Registered.	Agent signature respi	9-1. ADDITIONS/CHANGES TO OFF	DATE
TITLE PARPING A	OWNER MOELEIE	1 3 TF		PECED = OWNER	Change X Addition
STREET ADDRESS TELLBEN	TOOK DR		REEL ADDRESS	ROUNETH DIFFER	F1 34668
TITLE NORT KIT	CARRY , FL 3466	1.4 CIT 2 1 TII	Y-ST-71P TLF		Change Addition
NAME STREFT ADDRESS		22 NA	ME RELIADORESS		
CITY-ST-ZIP NA		24 CIT	Y-S1-ZIF	MA	
NAME	☐ DELETE	3 1 TH 32 NAI	I		Change Addition
STHEEL ADDRESS CITY-ST-ZIP	VA		REET ADDRESS Y-S1-ZiP	WA	
TITLE NAME	DELETE	4 1 [1]	LE	<u> </u>	Change Addition
STREET ADDRESS	\	4.2 NAF 4.3 S1F	ME RÉET ADDRESS		
CITY-ST-ZIP TITLE	A DELETE	4.4 CIT 5 1 TIT	Y-SI-ZIP	X/A	☐ Change ☐ Addition
NAME		5.2 NA			C1 cuards C1 vooinoit
STREET ADDRESS CITY-ST-ZIP	A		EFT ADDRESS Y-S1-ZIP	Su A	
TITLE	DELETE	6 1 1 11	LF	7,7	Change Addition
NAME STREEL ADDRESS		6.2 NAA 6.3 STR	ME EFT ADDRESS	\.	^
CITY-ST-ZIP 14. I do hereby certify that the information	on supplied with this filing is valuntarily for	irnichad and d	r-ST-ZIF oes not qualify	for the exemption stated in Section 110	H 17(3)(k) Florida Statutos Further
14. Ido 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: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR 3-11-96 813-846-7965					