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 # **P95000096185 (0)**

1. Corporation Name

JAMES D. A. HOLLEY & CO., CO., P.A.

Principal Place of Business	Mailing Address
1714 MAHAN CENTER BOULEVARD **TALLAHASSEE FL**	**1714 MAHAN CENTER BOULEVARD** **TALLAHASSEE FL**

3. Date Incorporated or Qualified: **12/20/1995**

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3348344 ☐ 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. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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 _____ (Signature, Typed or Printed Name of Individual and Capacity or Title) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MADDEN, JOHN A		1.2 NAME		
STREET ADDRESS	2309 FOXBORO WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MULLIKIN, HARRY A JR.		2.2 NAME		
STREET ADDRESS	2525 HARRIMAN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARMELEE, GWYNNE Y		3.2 NAME		
STREET ADDRESS	3365 EAST LAKESHORE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARPER, L. MCRAE		4.2 NAME		
STREET ADDRESS	2516 BETTON WOODS DRIVE		4.3 STREET ADDRESS	500001760465	
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	-03/28/96--01023--014	
TITLE	D	☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME	PENNINGTON, CHARLES W		5.2 NAME		
STREET ADDRESS	2016 DOOMAR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	GILBERT, MATTHEW H		6.2 NAME		
STREET ADDRESS	POST OFFICE BOX 666 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302		6.4 CITY-ST-ZIP		

3-27-96

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)(i), 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: John A. Madden JOHN A. MADDEN 2/7/96 9048382494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)