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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000096185 (0)**

1. Corporation Name
JAMES D. A. HOLLEY & CO., P.A.

Principal Place of Business	Mailing Address
1714 MAHAN CENTER BOULEVARD **TALLAHASSEE FL**	**1714 MAHAN CENTER BOULEVARD** **TALLAHASSEE FL 32308-5427**

3. Date Incorporated or Qualified: **12/20/1995**	3a. Date of Last Report: **03/27/1996**
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. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature of one of above officers/directors of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MADDEN, JOHN A		12 NAME		
STREET ADDRESS	2309 FOXBORO WAY		13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MULLIKIN, HARRY A JR.		22 NAME		
STREET ADDRESS	2525 HARRIMAN CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PARMELEE, GWYNNE Y		32 NAME		
STREET ADDRESS	3365 EAST LAKESHORE DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HARPER, L. MCRAE		42 NAME		
STREET ADDRESS	2516 BETTON WOODS DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PENNINGTON, CHARLES W		52 NAME		
STREET ADDRESS	2016 DOOMAR DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GILBERT, MATTHEW H		62 NAME		
STREET ADDRESS	POST OFFICE BOX 666 N/A		63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302		64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 1/10/97 904-878-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #