

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 # **P96000000367 (8)**

1. Corporation Name

NEVILL ENTERPRISES OF FT. WALTON BEACH, INC.



Principal Place of Business

**310 RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32547-1553**

Mailing Address

**310 RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32547-1553**

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

28. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3351561

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

9. Name and Address of Current Registered Agent

**NEVILL, SAMUEL J
310 RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32547-1553**

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 of corporation or its authorized representative)

(Signature of Registered Agent or authorized representative)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D / P / S / T	<input type="checkbox"/> DELETE
NAME	NEVILL, SAMUEL J	
STREET ADDRESS	159 MONAHAN DRIVE	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	
TITLE	D / V / P	<input type="checkbox"/> DELETE
NAME	JENNINGS, MICHAEL F	
STREET ADDRESS	159 MONAHAN DRIVE	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Book 12 or Book 13 if change of, or on an attachment with an address.

SIGNATURE: *Samuel J Nevill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 904 8629622
Date Day/Time/Phone #

CR2E034 (12/95)