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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011426 (9)

1. Corporation Name

T.E. KNOWLES & ASSOCIATES, INC.

Principal Place of Business

801 DOUGLAS AVE
SUITE 107
ALTAMONTE SPRINGS FL 32714

Mailing Address

801 DOUGLAS AVE
SUITE 107
ALTAMONTE SPRINGS FL 32714-5206



2. Principal Place of Business

2a. Mailing Address

21 1226 Cambridge Road

26 1226 Cambridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Maitland FL

28 Maitland FL

Zip

Zip

Country

Country

24 32751

25 USA

29 32751

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUDGE, RUSSELL
801 DOUGLAS AVENUE
SUITE 107
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32751

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

THADDEUS E. KNOWLES III

3/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KNOWLES, TED
STREET ADDRESS 801 DOUGLAS AVE STE 107
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1226 Cambridge Road
1.4 CITY-ST-ZIP Maitland, FL. 32751

TITLE D
NAME KNOWLES, THAD
STREET ADDRESS 801 DOUGLAS AVE STE 107
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1226 Cambridge Road
2.4 CITY-ST-ZIP Maitland, FL. 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THADDEUS E. KNOWLES III 3/19/97 (407) 767-9291

0064260

CR2E034 (9/96)