

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S18887 (7)**

1. Corporation Name
MARY C. STEPHENS & ASSOCIATES, INC.



Principal Place of Business: 1919 BEACHWAY RD. SUITE 4D JACKSONVILLE FL 32207
Mailing Address: 1919 BEACHWAY RD. SUITE 4D JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business 4040 Woodcock Dr. State, Apt. #, etc. 107 City & State Jacksonville Fl. Zip 32207	22	2a. Mailing Address 4040 Woodcock Dr. Suite, Apt. #, etc. 107 City & State Jacksonville Fl. Zip 32207	23	4. FEI Number 59-3040363	24	Applied For Not Applicable
25	County Duval	26	County Duval	27	5. Certificate of Status Desired <input type="checkbox"/>	28	\$8.75 Additional Fee Required
29	3. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	31	\$5.00 May Be Added to Fees	32	

9. Name and Address of Current Registered Agent WILHELM, CHARLOTTE P. 1919 BEACHWAY RD. SUITE 4D JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent			
81	Name	Charlotte P. Wilhelm		82	Street Address (P.O. Box Number is Not Acceptable)	4040 Woodcock Dr.	
83		Suite 107.		84	City	Jacksonville	FL
85	Zip Code	32207					

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: *Charlotte P. Wilhelm* Charlotte P. Wilhelm DATE: 4-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, MARY C.	1.2 NAME	
STREET ADDRESS	2524 WHISPERING WOOD #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, LINDA K.	2.2 NAME	
STREET ADDRESS	8865 SANDUSKY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary C. Stephens* DATE: 4/20/96

CR2E034 (12/95)