

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 # **S42316** (7)

1. Corporation Name
QUESENBERRY/SRSC, INC.



Principal Place of Business: **207-K KELSEY LANE TAMPA FL 33619**
Mailing Address: **207-K KELSEY LANE TAMPA FL 33619**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3300 Corporate Avenue	26		04/02/1991	04/27/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 100	27		65-0250658	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Ft. Lauderdale, FL	28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	33331	29		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MOYER, CAROLYN S. 207-K KELSEY LANE TAMPA FL 33619				81	Name			Carolyn S. Peet
				82	Street Address (P.O. Box Number is Not Acceptable)			207-K Kelsey Lane
				83				
				84	City		Tampa	85

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: *Carolyn S. Peet* **Carolyn S. Peet, Exec. VP & CFO** **4/22/96**
Signature typed or printed name of registered agent and title of officer (Title: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELRIG, THOMAS R	12 NAME	
STREET ADDRESS	10120 LINDELAAN	13 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33619
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RAY	2.2 NAME	
STREET ADDRESS	3812 STANLEY ROAD	2.3 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	EVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, CAROLYN S	3.2 NAME	Peet, Carolyn S.
STREET ADDRESS	4005 BRIARLAKE DRIVE	3.3 STREET ADDRESS	207-K Kelsey Lane
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Carolyn S. Peet* **Carolyn S. Peet** **4/22/96** **(813)628-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)