


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # S52885 (8) 1. Corporation Name FERGUSON & BEARD, INC.					



Principal Place of Business 719 SOUTH PALAFOX STREET PENSACOLA FL 32501	Mailing Address 719 SOUTH PALAFOX STREET PENSACOLA FL 32501-5935
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2. Principal Place of Business 21 <u>711 S. Palafox St.</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>711 S. Palafox St.</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/13/1991	3a. Date of Last Report 05/01/1996
22 City & State <u>Pensacola FL</u>		27 City & State <u>Pensacola FL</u>		4. FEI Number 59-3068801	Applied For <input type="checkbox"/> Not Applicable
23 Zip <u>32501</u>		28 Zip <u>32501</u>		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country <u>USA</u>		29 Country <u>USA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		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 BEARD, EILENE 6530 NORTH OLD PALAFOX HIGHWAY LOT 41 PENSACOLA FL 32503				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CO	<input type="checkbox"/> DELETE		1.1 TITLE	Address	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEARD, EILENE			1.2 NAME			
STREET ADDRESS	719 S PALAFOX ST			1.3 STREET ADDRESS	711 S Palafox St.		
CITY - ST - ZIP	PENSACOLA FL			1.4 CITY - ST - ZIP			
TITLE	CO	<input type="checkbox"/> DELETE		2.1 TITLE	Address	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, GENE			2.2 NAME	711 S Palafox St		
STREET ADDRESS	719 S PALAFOX ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<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 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: Eilene Beard Eilene Beard 4-25-97 904-433-4319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)