

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 # S83677 (2)

1. Corporation Name

GUINN HASKINS & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

PO BOX 507  
WOODVILLE FL 32362-0507  
US

PO BOX 507  
WOODVILLE FL 32362-0507  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASKINS, GUINN  
ROUTE 35, BOX 5680  
(BOB MILLER ROAD)  
TALLAHASSEE FL 32310

no change in physical  
address 911 chg.

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
414 Bob Miller Rd  
83  
84 City Crawfordville FL 85 Zip Code 32362

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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

Guinn Haskins

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HASKINS, GUINN	
STREET ADDRESS	RT. 35, BOX 5680	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JACKMAN, SHERRI	
STREET ADDRESS	P.O. BOX 1005 N/A	
CITY - ST - ZIP	WOODVILLE FL	
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		

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LADY HASKINS	
1.3 STREET ADDRESS	414 Bob Miller Rd	
1.4 CITY - ST - ZIP	Crawfordville FL 32326	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUINN HASKINS	
2.3 STREET ADDRESS	414 Bob Miller Rd	
2.4 CITY - ST - ZIP	Crawfordville FL 32326	
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 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

429-421-3780

Date

Daytime Phone #

CR2E034 (12/95)