

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S87975** (6)

1. Corporation Name
R. J. DOUGHERTY ASSOCIATES, INC.

Principal Place of Business 201 NORTH FLAGLER AVE. EDGEWATER FL 32132	Mailing Address 201 NORTH FLAGLER AVE. EDGEWATER FL 32132-2153
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2. Principal Place of Business 21 3691 U.S. Hwy. #1 Suite, Apt. #, etc.		2a. Mailing Address 26 3691 U.S. Hwy. #1 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1991	3a. Date of Last Report 01/26/1996
22 City & State 23 Edgewater, FL Zip Country		27 City & State 28 Edgewater, FL Zip Country		4. FEI Number 59-3092773	Applied For Not Applicable
24 32141 25 Volusia		29 32141 30 Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Edgewater, FL		28 Edgewater, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32141 25 Volusia		29 32141 30 Volusia		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOUGHERTY, ROBERT J. 201 NORTH FLAGLER AVE. EDGEWATER FL 32132		10. Name and Address of New Registered Agent 81 Name Dougherty, Robert J. 82 Street Address (P.O. Box Number is Not Acceptable) 3691 U.S. Highway #1 83 84 City Edgewater FL 85 Zip Code 32141	
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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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGHERTY, ROBERT J.		1.2 NAME DOUGHERTY, ROBERT J.	
STREET ADDRESS 201 NORTH FLAGLER AVE.		1.3 STREET ADDRESS 3691 U.S. Highway #1	
CITY- ST- ZIP EDGEWATER FL 32132		1.4 CITY- ST- ZIP Edgewater, FL 32141	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGHERTY, BARBARA C.		2.2 NAME DOUGHERTY, BARBARA C.	
STREET ADDRESS 201 NORTH FLAGLER AVE.		2.3 STREET ADDRESS 3691 U.S. Highway #1	
CITY- ST- ZIP EDGEWATER FL 32132		2.4 CITY- ST- ZIP Edgewater, FL 32141	
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: *Robert J. Dougherty* **Robert J. Dougherty** 4/16/97 1-904-428-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)