

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 # **V06132** (7)

1. Corporation Name

**POOLE, OWENS AND ASSOCIATES, INC.**



Principal Place of Business

**1641-A METROPOLITAN CIRCLE  
TALLAHASSEE FL 32308**

Mailing Address

**1641-A METROPOLITAN CIRCLE  
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified  
**01/13/1992**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POOLE, NORMA  
1641-A METROPOLITAN CIRCLE  
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POOLE, BARRY W.	
STREET ADDRESS	1641-A METROPOLITAN CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POOLE, KIM	
STREET ADDRESS	1641-A METROPOLITAN CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, EMMETT	
STREET ADDRESS	1641-A METROPOLITAN CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COBB, LARRY M.	
STREET ADDRESS	1641-A METROPOLITAN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POOLE, NORMA	
STREET ADDRESS	1641-A METROPOLITAN CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POOLE, KIM L.	
1.3 STREET ADDRESS	1641-A METROPOLITAN CIRCLE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POOLE, BARRY W.	
2.3 STREET ADDRESS	1641-A METROPOLITAN CIRCLE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POOLE, CHERYL L.	
3.3 STREET ADDRESS	1641-A METROPOLITAN CIRCLE	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOWELL, RANDOLPH W.	
4.3 STREET ADDRESS	1641-A METROPOLITAN CIRCLE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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: *Norma R. Poole*

Norma R. Poole 4/18/96

(904) 386-5117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)