

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

APPROVED
AND
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97 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V13127

1. Corporation Name

P. C. STOECKLIN AND ASSOCIATES INC

Principal Place of Business

Mailing Address

1559 CRISTOGAL DR.
TALLAHASSEE, FL 32308

SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. SAME	26. SAME	JUNE 92	MAY 96
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-3122774	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PETER C. STOECKLIN
1559 CRISTOGAL DR.
TALLAHASSEE, FL 32308

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 100002173091--5
-05/09/97--01084--011
****165.00 ****165.00
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, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. PS	STOECKLIN, PETER C. 1559 CRISTOGAL DR. TALLAHASSEE, FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. VT	STOECKLIN, SARA F. 1559 CRISTOGAL DR. TALLAHASSEE, FL	1.2 NAME	
3.		1.3 STREET ADDRESS	
4.		1.4 CITY-ST-ZIP	
5.		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.		2.2 NAME	
7.		2.3 STREET ADDRESS	
8.		2.4 CITY-ST-ZIP	
9.		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.		3.2 NAME	
11.		3.3 STREET ADDRESS	
12.		3.4 CITY-ST-ZIP	
13.		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.		4.2 NAME	
15.		4.3 STREET ADDRESS	
16.		4.4 CITY-ST-ZIP	
17.		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18.		5.2 NAME	
19.		5.3 STREET ADDRESS	
20.		5.4 CITY-ST-ZIP	
21.		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22.		6.2 NAME	
23.		6.3 STREET ADDRESS	
24.		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 6 1997

Date

Daytime Phone #

904 5533799 x5503

CR2E034 (9/96)