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 # **V51373** **(1)**

1. Corporation Name
MTB OF NORTHWEST FLORIDA, INC.

Principal Place of Business
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

Mailing Address
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 07/14/1992
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-3136514 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

10. **Name and Address of New Registered Agent**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP ✓	TOLER, KENNETH P.	4033 EASTWOOD PLACE	JACKSON MS	[ ]
DV	REILLY, FRANK J	4815 NORTH HAMPTON DRIVE	JACKSON MS	[ ]
DTS	COOKE, WILLIAM H.	2021 PETIT BOIS	JACKSON MS	[ ]
D	LIGHTSEY, JOY	103 ST ANDREWS DR	JACKSON MS	[X]
DST	LIGHTSEY, MALCOLM B.	103 ST ANDREWS DR	JACKSON MS	[X]
D	REILLY, ALICE O.	4815 NO HAMPTON DR	JACKSON MS	[X]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					[ ]	[ ]
2					[ ]	[ ]
3					[ ]	[ ]
4					[ ]	[ ]
5					[ ]	[ ]
6					[ ]	[ ]

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: William H. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. Cooke

3-13-96
Date

601 366 3110
Daytime Phone #

CR2E034 (12/95)