

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sheila B. Morbrian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V51660** (1)
1. Corporation Name
ROYSTER AND ASSOCIATES, INC.



Principal Place of Business: **RT 1 BOX 158 HIGH SPRINGS FL 32643**
Mailing Address: **436 SPRING RIDGE C-340 HIGH SPRINGS FL 32643 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent: 81, 82, 83, 84, 85

3. Date Incorporation or Qualified: **07/16/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3129813**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contributor: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name: **ROYSTER, WILLIAM R.**
82 Street Address (P.O. Box Number is Not Acceptable): **RT 1 BOX 158 HIGH SPRINGS FL 32643**
83
84 City: **FL**
85 Zip Code

11. Pursuant to the provisions of Sections 607.01-02 and 607.1506, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the duty of, Section 607.06(2)(b), Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12	0	13	1	Change	Addition
TITLE	ROYSTER, WILLIAM R	TITLE			
NAME	SR 436 C-340	NAME			
STREET ADDRESS	HIGH SPRINGS FL	STREET ADDRESS			
CITY-ST-ZIP	CO	CITY-ST-ZIP			
TITLE	ROYSTER, SHEILA L	2		Change	Addition
NAME	SR 436 C-340	NAME			
STREET ADDRESS	HIGH SPRINGS FL	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		3		Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		4		Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		5		Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		6		Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		7		Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(g), 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 trustee or trustee empowered to execute this report as prescribed 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: *Sheila L. Royster* *Sheila L. Royster* 4/22/96 904.454.1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)