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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819326 (0)
1. Corporation Name
E.G. HOLMES & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~5350 HOFFNER AVE
SUITE 100
ORLANDO, FL 32812~~
512 E. WILLIAMS ST.
APEX NC 27502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/27/1966 3a. Date of Last Report 08/15/1994
4. FEI Number 58-0910067 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 No

2. Principal Place of Business 2a. Mailing Address
21. *no office location* 26.
22. Suite, Apt. #, etc. *Salesman working* 27. Suite, Apt. #, etc.
23. City & State *from his home* 28. City & State
24. Zip Country 25. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 607.0506, Florida Statutes.

SIGNATURE _____ (PRINT) Registered Agent signature required when re-registering DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, J. MICHAEL
STREET ADDRESS	3300 PLEASANT PLAINS RD.
CITY ST ZIP	APEX, NC.
TITLE	VPD
NAME	PAUL B. SMITH
STREET ADDRESS	500 WESTSIDE CT.
CITY ST ZIP	ALEXANDRIA VA
TITLE	TD
NAME	HARRIS, MARYLOU
STREET ADDRESS	3300 PLEASANT PLAINS RD.
CITY ST ZIP	APEX NC
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP Robert L. Duke
23 STREET ADDRESS	6205 N. Thatcher Ave
24 CITY - ST - ZIP	Tampa, FL 33614
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Marylou Harris* MARYLOU HARRIS 3-14-95 919-387-1012
DATE (Print) (Typed on printed name of signing officer or director) (Date) (Telephone Number)