

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 819326 (0)**

1. Corporation Name  
**E.G. HOLMES & ASSOCIATES, INC.**



Principal Place of Business	Mailing Address
<b>512 E. WILLIAMS ST. APEX NC 27502 US</b>	<b>512 E. WILLIAMS ST. APEX NC 27502 US</b>

3. Date Incorporated or Qualified <b>01/27/1966</b>	3a. Date of Last Report <b>03/27/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>58-0910067</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22. City & State	27. City & State	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Zip	28. Country	29. Zip	30. Country

<b>9. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b>	
	81. Name	
	82. Street Address (P.O. Box Number is Not Acceptable)	
	84. City	85. Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, J. MICHAEL</b>	1. 2 NAME	
STREET ADDRESS	<b>3300 PLEASANT PLAINS RD.</b>	1. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>APEX, NC.</b>	1. 4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUKE, ROBERT L.</b>	2. 2 NAME	
STREET ADDRESS	<b>6208 N. THATCHER AVE.</b>	2. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	2. 4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, MARYLOU</b>	3. 2 NAME	
STREET ADDRESS	<b>3300 PLEASANT PLAINS RD.</b>	3. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>APEX NC</b>	3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		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: Marylou Harris Date: 4-24-96 Daytime Phone #: 919-389-1092

CR2E034 (12/95)