

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

**FILED**

**Apr 21 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # 146205 (0)**  
1. Corporation Name  
**BYRON HARLESS, REID & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4651 SALISBURY ROAD 4651 SALISBURY ROAD  
330 330  
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256  
US US**

3. Date Incorporated or Qualified  
**03/14/1946**

4. FEI Number Applied For  
**59-0549943** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**REID, MELVIN P. PH.D.  
4651 SALISBURY ROAD  
SUITE 330  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name **REYNOLDS, GERALD E. Ph.D.**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **209 Linkside Circle**

84 City **Ponte Vedra Beach, FL** 85 Zip Code **32082**

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 *Gerald E. Reynolds* (Gerald E. Reynolds) 4/14/98  
Print or type name of registered agent and tick if applicable. (NOTE) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REID, MELVIN P</b>	
STREET ADDRESS	<b>1454 HARRINGTON PARK DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, GERALD E.</b>	
STREET ADDRESS	<b>103 SEA HAMMOCK WAY</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KALKINES, CHRISTOPHER T</b>	
STREET ADDRESS	<b>1009 MARVONE AVE</b>	
CITY-ST-ZIP	<b>NEPTUNE BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>209 Linkside Circle</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1126 Seawood Drive</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Gary W. Buffone</b>
4.3 STREET ADDRESS	<b>2738 Christopher Creek Road</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, Fla. 32217</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *Gerald E. Reynolds* (Gerald E. Reynolds) 4/14/98 (904) 296-7117

CR2E034 (10/97)