

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 586909 (4)

1. Corporation Name  
**FISHER, TOUSEY, LEAS & BALL, P.A.**



Principal Place of Business: ONE INDEPENDENT DR STE 2600 JACKSONVILLE FL 32202 US  
Mailing Address: ONE INDEPENDENT DR STE 2600 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 09/18/1978  
3a. Date of Last Report: 03/27/1995  
4. FEI Number: 59-1851349  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, MICHAEL W.  
ONE INDEPENDENT DR  
STE 2600  
JACKSONVILLE FL 32202

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1302, 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 of the officer, director, or trustee authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FISHER, MICHAEL W.	
STREET ADDRESS	1 INDEPENDENT DR, SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BALL, JOHN S.	
STREET ADDRESS	1 INDEPENDENT DR., SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOUSEY, CLAY B., JR.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEAS, MICHAEL R.	
STREET ADDRESS	1 INDEPENDENT DR, SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DAWKINS, ROBERT A.	
STREET ADDRESS	1 INDEPENDENT DR, SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBISON, MARY A.	
STREET ADDRESS	1 INDEPENDENT DR, SUITE 2600	
CITY-STATE-ZIP	JACKSONVILLE FL	

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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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: *Mary A. Robison* Mary A. Robison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)356-2600

CR2E034 (12/95)

ATTACHMENT TO ANNUAL REPORT  
for  
FISHER, TOUSEY, LEAS & BALL, P.A.

12. Officers and Directors

7.1	Title	D/P/AS
7.1	Name	FURTICK, BEVERLY H.
7.3	Address	1 Independent Drive, Suite 2600
7.4	City	Jacksonville, FL 32202
8.1	Title	D/AT
8.1	Name	LAWLOR, JOHN E., III
8.3	Address	1 Independent Drive, Suite 2600
8.4	City	Jacksonville, FL 32202