

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586909
 Corporation Name
FISHER, TOUSEY, LEAS & BALL, P.A.

Principal Place of Business ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24 25	29 30

3. Date incorporated or Qualified 09/18/78	3a. Date of Last Report 03/18/96
4. FEI Number 59-1851349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICHAEL W. FISHER
 ONE INDEPENDENT DRIVE
 SUITE 2600
 JACKSONVILLE, FLORIDA 32202**

10. Name and Address of New Registered Agent

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 607.0502 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 at all times) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	MICHAEL W. FISHER	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JOHN S. BALL	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CLAY B. TOUSEY, JR.	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	MICHAEL R. LEAS	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBERT A. DAWKINS	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MARY A. ROBISON	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEVERLY H. FURTICK	
1.3 STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN E. LAWLOR, III	
2.3 STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2600	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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*****165.00**

14. I do 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: *Beverly H. Furtick* **4/28/97** **(904) 356-2600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)