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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 603638 (8)
1. Corporation Name
BEDELL, DITTMAR, DEVAULT, PILLANS & COXE PROFESSIONAL ASSOCIATION



Principal Place of Business: **101 E. ADAMS STREET JACKSONVILLE FL 32202-0330**
Mailing Address: **101 E. ADAMS STREET JACKSONVILLE FL 32202-3303**

3. Date Incorporated or Qualified: **07/05/1972**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, Apt #, City & State, Zip, and Country.

4. FEI Number: **59-1407533**
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

9. Name and Address of Current Registered Agent
**DEVAULT III, JOHN A
101 E ADAMS ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DITTMAR, C. HARRIS	
STREET ADDRESS	4031 TIMUQUANA RD	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEVAULT, JOHN A III	
STREET ADDRESS	4345 VENETIA BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PILLANS, CHARLES III	
STREET ADDRESS	8740 EPPING FOREST WAY NO, VILLA 110	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, TIMOTHY J.	
STREET ADDRESS	3543 BATEAU RD W.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRIPP, WARREN C., JR.	
STREET ADDRESS	4528 ORTEGA BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHALEN, MICHAEL D.	
STREET ADDRESS	628 PONTE VEDRA BLVD #A-8	
CITY - ST - ZIP	PONTE VEDRA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Devault, John A III	
1.3 STREET ADDRESS	} Same	
1.4 CITY - ST - ZIP	} Same 32202	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pillans, Charles P. III	
2.3 STREET ADDRESS	} Same	
2.4 CITY - ST - ZIP	} Same 32217	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tripp, C. Warren Jr.	
3.3 STREET ADDRESS	} Same	
3.4 CITY - ST - ZIP	} Same 32210	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Coxe, Henry M. III	
4.3 STREET ADDRESS	1824 McIntosh Place	
4.4 CITY - ST - ZIP	Jacksonville, FL 32210	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Beverly, Thomas M.	
5.3 STREET ADDRESS	4228 Great Oaks Lane	
5.4 CITY - ST - ZIP	Jacksonville, FL 32207	
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 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: *John A. Devault, III* **John A. Devault, III** (904) 353-0211 /15/97
DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)