

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90026 020 ***150.00

DOCUMENT # 603638

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 32202-0330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1972

4. FEI Number

59-1407533

Applied For

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVAULT III, JOHN A
101 E ADAMS ST
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DEVAULT, JOHN A. III
STREET ADDRESS 4031 TIMUQUANA RD
CITY-STATE-ZIP JACKSONVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4345 Venetia Boulevard
1.4 CITY-STATE-ZIP Jacksonville, FL 32210

TITLE VD ☐ DELETE
NAME PILANS, CHARLES P. III
STREET ADDRESS 4345 VENETIA BLVD.
CITY-STATE-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10 Buckthorn
2.4 CITY-STATE-ZIP Amelia Island, FL 32034

TITLE SD ☐ DELETE
NAME TRIPP, C. WARREN JR.
STREET ADDRESS 6740 EPPING FOREST WAY NO, VILLA 110
CITY-STATE-ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4528 Ortega Boulevard
3.4 CITY-STATE-ZIP Jacksonville, FL 32210

TITLE TD ☐ DELETE
NAME COXE, HENRY M. III
STREET ADDRESS 1824 MCINTOSH PLACE
CITY-STATE-ZIP JACKSONVILLE, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP 32210

TITLE D ☐ DELETE
NAME BEVERLY, THOMAS M.
STREET ADDRESS 4228 GREAT OAKS LANE
CITY-STATE-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP 32217

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)