

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

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AND  
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95 FEB -2 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H21807 (3)**

1. Corporation Name  
**SHELLY, MIDDLEBROOKS & O'LEARY, INC.**



Principal Place of Business Mailing Address  
**725 PENINSULAR PLACE POB 2909 JACKSONVILLE FL 32203-2909 US**

3. Date Incorporated or Qualified **09/19/1984** 3a. Date of Last Report **03/09/1995**  
4. FEI Number **59-2449864** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **725 Peninsular Place** 26 **P.O. Box 2909**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 **32204** 25 **32203-2909** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'LEARY, DANIEL C. III  
725 PENINSULAR PLACE  
JACKSONVILLE FL 32204**

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]*

**Daniel C. O'Leary, III Chairman 01/23/96**  
(NOTE: Registered Agent Signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **CD O'LEARY, DANIEL C. III**  
STREET ADDRESS **4333 SWEET GUM LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**  
TITLE  DELETE  
NAME **PD O'LEARY, BRIAN PATRICK**  
STREET ADDRESS **4317 GALILEO AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**  
TITLE  DELETE  
NAME **D GOBLER, ROGER T.**  
STREET ADDRESS **2032 SANDPIPER POINT**  
CITY-ST-ZIP **NEPTUNE BEACH FL**  
TITLE  DELETE  
NAME **STD COLEMAN, LESLIE R**  
STREET ADDRESS **2815 ALGONQUIN AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **C, D, T**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE **P, D, S**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

590001207285  
-02/06/96--01 081-604  
\*\*\*\*200.00 \*\*\*\*200.00

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: *[Signature]* Daniel C. O'Leary, III 01/23/96 (904) 354-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)