**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90022 037 \*\*\*150.00

## 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

## DOCUMENT # H39498

1. Corporation Name

SHELDRICK, MCGEHEE & KOHLER, INC.

Principal Place of Business Mailing Address									
112 W ADAMS 924 JACKSONVILLE FL 32202		112 W ADAMS 924 JACKSONVILLE FL 32202			-	DO NOT WRITE IN THIS SPACE			
O T - 1 -		21/0			ļ		N THIS SPACE		
One Independent Drive, Ste. 3140			SAME)			3. Date Incorporated or Qualifed			
Jacksonv	ville, FL 32202	(SArı	IE)			01/24/1985			
<ol><li>Principal Pl</li></ol>	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For	-
21 One In	ndependent Drive	26				59-2487150		Not Applica	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Additional	¹
22 Suite	3140	27				5. Outmodic of otolog Debited	Fe	e Required	
City & State		City & State				6. Election Campaign Financing	¬ \$5.	<b>00</b> May.Be	
23 Jackso	onville, Florida	28				Trust Fund Contribution	Ade	ded to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	year Intangible		
32202	25 Duval	29	0			Personal Property Tax.	☐ Yes	□No	
24, 3	9. Name and Address of Current					10. Name and Address of New Regi	stered Agent		
	<u> </u>			81	Name				ı
KOHI	LER, NANCY D.					*			
	N-ADAMS-ST-924			82	Street Addres	ss (P.O. Box Number is Not Acceptable	)		
	SONVILLE FL 32202		-	83					
JACK	GOOTATELE 1 F 25505		ľ	83					
			ŀ	84	City		85	Zip Code	
					•		FL "		<del></del> .
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-	named corpor	ation submits this statement for the pur	pose of changin	g its registere	ed
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was aut ons of. Section 607.0505. Florid	norized Ia Statu	tes.	ie corporation	's board of directors. I hereby accept th	e appointment	is registered	
	The same of the sa								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE R	Registered /	Agent s	signature required w	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	2
TITLE	Р	☐ DELETE	1.1 T(T)	LE	T.		☐ Cha		
NAME	KOHLER, RICHARD		1.2 NAJ	ME					
	924×BARNETT×BANK×BLOG		13810	DEET A	ADDRESS				
STREET ADDRESS			1.0 011		10011200				
CITY-ST-ZIP	JACKSONVILLE FL		4 4 00		7/0				
TITLE		□ DELETE	4	Y-ST-	ZIP		[ <sup>−</sup> ] Cha	nge □ Add	dition
NAME	ST	☐ DELETE	2.1 TIT	Y-ST-	ZIP		Cha	nge  ☐ Add	dition
I WOUND	KOHLER, NANCY DAVIS	☐ DELETE	2.1 TITI 2.2 NA	Y-ST- LE ME			☐ Cha	nge □ Ado	dition
STREET ADDRESS		☐ DELETE	2.1 TITI 2.2 NA	Y-ST- LE ME	ZIP ADDRESS		Cha	nge □ Add	dition
	KOHLER, NANCY DAVIS		2.1 TITI 2.2 NA	Y-ST- LE ME REET A	ADDRESS				
STREET ADDRESS	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 TITT 2.2 NA/ 2.3 STE	Y-ST- LE ME REET A TY-ST-	ADDRESS		☐ Cha		
STREET ADDRESS CITY-ST-ZIP	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG		2.1 TITT 2.2 NA/ 2.3 STF 2.4 CI	Y-ST- LE ME REET A TY-ST- LE	ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG		2.1 TITE 2.2 NAV 2.3 STF 2.4 CF 3.1 TITE 3.2 NAV	Y-ST- LE ME REET A TY-ST- LE ME	ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG		2.1 TITE 2.2 NA/ 2.3 STF 2.4 CF 3.1 TITE 3.2 NA/ 3.3 STF	Y-ST-LE ME REET A TY-ST- LE ME REET A	ADDRESS - ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG		2.1 THT 2.2 NA/ 2.3 STF 2.4 CF 3.1 THT 3.2 NA/ 3.3 STF 3.4. CF	Y-ST-LE ME TY-ST- LE ME REET A TY-ST-	ADDRESS - ZIP			nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 HTT 2.2 NA/ 2.3 STF 2.4 CT 3.1 TIT 3.2 NA/ 3.3 STF 3.4 CTI 4.1 TIT	Y-ST-LE ME REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS - ZIP		☐ Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 FITT 2.2 NA/ 2.3 STF 2.4 CT 3.1 TITT 3.2 NA/ 3.3 STF 3.4 CTT 4.1 TITT 4.2 NA/	Y-ST-LE ME REET A TY-ST- LE ME REET A IY-ST- LE	ADDRESS - ZIP  ADDRESS - ZIP		☐ Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 TITI 2.2 NAJ 2.3 STF 2.4 CF 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CFF 4.1 TITI 4.2 NAJ 4.3 STF	Y-ST-LE  ME  REET A  TY-ST-  LE  ME  REET A  IY-ST-  LE  LE  REET A	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS		☐ Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 TITI 2.2 NAJ 2.3 STF 2.4 CF 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CF 4.1 TITI 4.2 NA 4.3 STF 4.4 CF	Y-ST-LE ME TY-ST-LE ME ME ME ME ME TY-ST-LE ME REET A TY-ST-LE ME REET A	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS		Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KOHLER, NANCY DAVIS 924-BARNETT-BANK-BLDG	☐ DELETE	2.1 FITT 2.2 NAJ 2.3 STF 2.4 CF 3.1 TITT 3.2 NAJ 3.3 STT 3.4 CFF 4.1 TITT 4.2 NAJ 4.3 STT 4.4 CFF 5.1 TITT	Y-ST- LE ME TY-ST- LE ME REET A TY-ST- LE	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS		☐ Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOHLER, NANCY DAVIS 924-BARNETT, BANK-BLDG JACKSONVILLE FL	☐ DELETE	2.1 TITI 2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF 5.1 TITI 5.2 NA/	Y-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE ME ME ME	ADDRESS -ZIP ADORESS -ZIP ADORESS ZIP		Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	KOHLER, NANCY DAVIS 924-BARNETT, BANK-BLDG JACKSONVILLE FL	☐ DELETE	2.1 TITI 2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF 5.1 TITI 5.2 NA/	Y-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE ME ME ME	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS		Cha	nge □ Add	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	KOHLER, NANCY DAVIS 924-BARNETT, BANK-BLDG JACKSONVILLE FL	☐ DELETE	2.1 FITT 2.2 NAJ 2.3 STF 2.4 CF 3.1 TITT 3.2 NAJ 3.3 STT 4.1 TITT 4.2 NAJ 4.3 STT 4.4 CF 5.1 TITT 5.2 NAJ 5.3 STT 5.4 CF 5.4 CF	Y-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE LE ME REET A REET A TY-ST-LE ME REET A	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS ZIP		Cha	nge	dition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	KOHLER, NANCY DAVIS 924-BARNETT, BANK-BLDG JACKSONVILLE FL	☐ DELETE	2.1 FITT 2.2 NAV 2.3 STF 2.4 CF 3.1 TITT 3.2 NAV 3.3 STF 4.1 TITT 4.2 NAV 4.3 STF 4.4 CF 5.1 TITT 5.2 NAV 5.3 STF	Y-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE LE ME REET A REET A TY-ST-LE ME REET A	ADDRESS - ZIP  ADDRESS -ZIP  ADDRESS ZIP		Cha	nge □ Add	dition

6.3 STREET ADDRESS

6.4 CITY-ST-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 supplied ental 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 title receiver or moster impowered to secute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all pther title empowered.

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF GLORING OFFICER OR DIRECTOR RICHARD E. KOHLER