

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

**FILED**  
**Feb 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J10924 (5)**  
 1. Corporation Name  
**BACON, BACON, JOHNSON & GODDARD, P.A.**



Principal Place of Business <b>2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713</b>	Mailing Address <b>2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713-8605</b>
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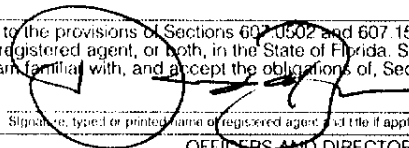
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/24/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2681023</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**BACON, DAVID A.**  
**2959 FIRST AVENUE NORTH**  
**ST. PETERSBURG FL 33713**

**10. Name and Address of New Registered Agent**

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. 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 type="checkbox"/> DELETE
NAME	<b>BACON, DAVID A.</b>	
STREET ADDRESS	<b>2959 1ST AVENUE, NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DALE A.</b>	
STREET ADDRESS	<b>2959 1ST AVENUE, NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GODDARD, FRANK W.</b>	
STREET ADDRESS	<b>2959 1ST AVENUE, NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>BROWN, MICHAEL B</b>	
STREET ADDRESS	<b>2959 FIRST AVE NORTH</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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:**  **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)