SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

. PROFIT
CORPORATION
ANNUAL REPORT

1996

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

DOCUMENT # **K09691** **(2)**

1. Corporation Name

PROM, KORN & ZEHMER, P.A.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DRIVE. SOUTH SUITE 200 JACKSONVILLE FL 32216-6171	6620 SOUTHPOINT DRIVE. SOUTH SUITE 200 JACKSONVILLE FL 32216-6171

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-2866634** ☐ 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

9. Name and Address of Current Registered Agent

ZEHMER, JOHN H.
6620 SOUTHPOINT DRIVE SOUTH
SUITE 200
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 617.0502 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

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	PROM, STEPHEN G.	
STREET ADDRESS	~~6620 SOUTHPOINT DR. S.~~	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	☐ DELETE
NAME	KORN, MICHAEL J.	
STREET ADDRESS	6620 SOUTHPOINT DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	☐ DELETE
NAME	ZEHMER, JOHN H.	
STREET ADDRESS	6620 SOUTHPOINT DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	GELLATLY, MARGARET B.	
STREET ADDRESS	6620 SOUTHPOINT DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	PENNINGTON, MARK G.	
STREET ADDRESS	~~6620 SOUTHPOINT DR. S.~~	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1656 Palm Ave.	
1.4 CITY-ST-ZIP	32207	
2.1 TITLE		☐ 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		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	5740 Wilcrest Circle S.	
5.4 CITY-ST-ZIP	32211	
6.1 TITLE	200001930252	☐ Change ☐ Addition
6.2 NAME	-08/23/96--01004--048	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Zehmer JOHN ZEHMER 8/21/96 904-296-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR