

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90006 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K28259

1. Corporation Name
FONTAINE & SONS REIMBURSEMENT CONSULTANTS, INC.



Principal Place of Business 1225 S. ELLIS RD JACKSONVILLE FL 32205 US	Mailing Address 5238 SAN JUAN AVW P.O. BOX 61915 JACKSONVILLE FL 32210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 1225 Ellis Rd 27 Suite, Apt. #, etc. 28 Jacksonville FL 29 32205 30 Duval
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3. Date Incorporated or Qualified 07/06/1988	4. FEI Number 59-2904169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FONTAINE, WILLIAM E., JR.
 8698 HAMMOND FOREST DR
 JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name WM E. FONTAINE, JR
 82 Street Address (P.O. Box Number is Not Acceptable) 8698 Hammond Forest Dr
 83
 84 City Jacksonville FL 85 Zip Code 32221

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 WM E. Fontaine, Jr WM. E. FONTAINE, JR 1/11/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FONTAINE, WILLIAM E., JR	
STREET ADDRESS	8698 HAMMOND FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FONTAINE, REBECCA, L	
STREET ADDRESS	8698 HAMMOND FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FONTAINE, WILLIAM, E, III	
STREET ADDRESS	8698 HAMMONS FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FONTAINE, J, RYAN	
STREET ADDRESS	8698 HAMMONS FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FONTAINE, JUSTIN, L	
STREET ADDRESS	8698 HAMMOND FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
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 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, with all other like empowered.

SIGNATURE: WM E Fontaine, Jr WM. E. FONTAINE, JR 1/11/99 (904) 783-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)