

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000143

1. Corporation Name
DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC.

Principal Place of Business 100 RIVERSIDE AVE. JACKSONVILLE FL 32202	Mailing Address 100 RIVERSIDE AVE. JACKSONVILLE FL 32202
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3289101
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAWRENCE, NOEL G ESQ. 100 RIVERSIDE AVE. JACKSONVILLE FL 32202		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 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAD LAWRENCE, NOEL G 100 RIVERSIDE AVE. JACKSONVILLE FL 32202	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Pamela G. Wright 126 West Adams Street, Suite 700 Jacksonville, Florida 32202
TITLE	D CLAYTON, KIM 921 NORTH DAVIS STREET, BLDG. B JACKSONVILLE FL 32209-6821	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P GIBBS, CRAIG A 214 E. ASHLEY STREET JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Ava Parker 200 W. Forsyth St. Suite 800 Jacksonville, Florida 32202
TITLE	SD LUSTER, REGINALD 200-700 WEST FORSYTH STREET JACKSONVILLE FL 32202	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Earl M. Johnson, Jr. 233 East Bay Street, Suite 901 Jacksonville, Florida 32202
TITLE	TD ROBINSON, DON 411 EAST MONROE STREET JACKSONVILLE FL 32202	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Don Dempsey 603 North Market Street Jacksonville, Florida 32202
TITLE	PE MATHEWS, ANGELA 126 W ADAMS ST. JACKSONVILLE FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PE Wade Rolle 4730 Norwood Avenue Jacksonville, Florida 32206

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 617, 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: SIGNATURE REQUIRED Date: 2/18/99 Daytime Phone #: 904/358-1304

CR2E037 (1/198)