

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000009130 (3)**

1. Corporation Name  
**DAVID A. MCCRANIE, P.A.**



Principal Place of Business: **9424 BAYMEADOWS RD SUITE 220 JACKSONVILLE FL 32256**  
Mailing Address: **9424 BAYMEADOWS RD SUITE 220 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **02/04/1994**  
3a. Date of Last Report: **02/23/1995**

2. Principal Place of Business: **3733 University Blvd. West**  
2a. Mailing Address: **3733 University Blvd. West**  
22. Suite, Apt. #, etc.: **Suite 112**  
27. Suite, Apt. #, etc.: **Suite 112**  
23. City & State: **Jacksonville, FL**  
28. City & State: **Jacksonville, FL**  
24. Zip: **32217** 25. County: **Duval**  
29. Zip: **32217** 30. County: **Duval**

4. FEI Number: **59-3218298**  
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  
10. Name and Address of New Registered Agent

**MCCRANIE, DAVID A  
9424 BAYMEADOWS RD  
SUITE 220  
JACKSONVILLE FL 32256**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **3733 University Blvd. W., Suite 112**  
83.  
84. City: **Jacksonville** 85. Zip Code: **FL 32217**

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: *David A. McCranie*

1/23/96

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE
NAME: <b>MCCRANIE, DAVID A</b>	
STREET ADDRESS: <b>9424 BAYMEADOWS ROAD, STE 220</b>	
CITY-STATE-ZIP: <b>JACKSONVILLE FL</b>	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>XX</b> Change <input type="checkbox"/> Addition	
2. NAME:	
3. STREET ADDRESS: <b>3733 University Blvd. W., Ste. 112</b>	
4. CITY-STATE-ZIP: <b>Jacksonville, FL 32217</b>	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP:	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 unchanged, or in an attachment with an address.

SIGNATURE: *David A. McCranie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (904) 448-5552

CR2E034 (12/95)