

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

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03-02-1999 90186 022 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000009130**

1. Corporation Name
~~DAVID A. MCCRANIE, P.A.~~ **MCCRANIE & LOWER, P.A.**



Principal Place of Business
 3733 UNIVERSITY BLVD
 SUITE 309
 JACKSONVILLE FL 32217
 US

Mailing Address
 3733 UNIVERSITY BLVD WEST
 309
 JACKSONVILLE FL 32217
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **ONE SAN JOSE PLACE**
 Suite, Apt. #, etc.
 22 **SUITE 32**
 City & State
 23 **JACKSONVILLE FL**
 Zip Country
 24 **32257** 25 **USA**

2a. Mailing Address
 26 **ONE SAN JOSE PLACE**
 Suite, Apt. #, etc.
 27 **SUITE 32**
 City & State
 28 **JACKSONVILLE, FL**
 Zip Country
 29 **32257** 30 **USA**

3. Date Incorporated or Qualified
02/04/1994

4. FEI-Number
59-3218298 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MCCRANIE, DAVID A
3733 UNIVERSITY BLVD W.
309
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
ONE SAN JOSE PLACE
 83 **SUITE 32**
 84 City **JACKSONVILLE** 85 State **FL** 86 Zip Code **32257**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRANIE, DAVID A	1.2 NAME	
STREET ADDRESS	3733 UNIVERSITY BLVD W. SUITE 309	1.3 STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 32
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32257
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David A. McCraine [DAVID A. MCCRANIE] 1/20/99 (904) 880-1909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)