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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P95000051102 (8)

1. Corporation Name

BROWN, OBRINGER, SHAW, BEARDSLEY & DECANDIO, PRO FESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
12 EAST BAY STREET JACKSONVILLE FL 32202 US	12 EAST BAY STREET JACKSONVILLE FL 32202-3413 US

3. Date Incorporated or Qualified: **06/30/1995**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business (21 Street, 22 Suite/Apt. #, etc., 23 City & State, 24 Zip, 25 County)
2a. Mailing Address (26 Street, 27 Suite/Apt. #, etc., 28 City & State, 29 Zip, 30 Country)

4. FEI Number: **59-3321225** ☐ 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

SHAW, JACK W JR.
12 EAST BAY STREET
JACKSONVILLE FL 32202

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jack W. Shaw, Jr. Jack W. Shaw, Jr. 3/18/97
(Corporate Officer/Director or Agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	OBRINGER, MICHAEL J		
STREET ADDRESS	12 EAST BAY STREET		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	D	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BROWN, HARRIS		
STREET ADDRESS	12 EAST BAY STREET		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	DVP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	DECANDIO, MICHAEL J		
STREET ADDRESS	12 EAST BAY STREET		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	ST	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BEARDSLEY, DALE		
STREET ADDRESS	12 EAST BAY STREET		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/96)

14. I further 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.

SIGNATURE: Michael J Obringer director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #