


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

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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90128 022 \*\*\*150.00

1042/14

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000077112  
 1. Corporation Name  
**CRONK, DUCH & MILLER, INC.**

Principal Place of Business: 10290-3 PHILIPS HIGHWAY JACKSONVILLE FL 32256  
 Mailing Address: 10290-3 PHILIPS HIGHWAY JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 200 WHARFESIDE WAY, Suite, Apt. #, etc. 22 SUITE 200, City & State 23 JACKSONVILLE, FL, Zip 24 32207, Country 25 USA

2a. Mailing Address: 26 200 WHARFESIDE WAY, Suite, Apt. #, etc. 27 SUITE 200, City & State 28 JACKSONVILLE, FL, Zip 29 32207, Country 30 USA

3. Date Incorporated or Qualified: 09/04/1998

4. FEI Number: 59-3531626 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: F&L CORP., 200 LAURA ST., 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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONK, JOSEPH S	1.2 NAME	
STREET ADDRESS	10290-3 PHILIPS HIGHWAY	1.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCH, CLIFFORD G	2.2 NAME	
STREET ADDRESS	10290-3 PHILIPS HIGHWAY	2.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NATHAN E	3.2 NAME	
STREET ADDRESS	10290-3 PHILIPS HIGHWAY	3.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SWAN, C. HAL
STREET ADDRESS		4.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: C. SWAN **REQUIRE** 1/27/99 904 398 5775  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)