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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S10801 (6)
1. Corporation Name
SCALLAN & CO., INC.



Principal Place of Business: **2059 EVERGREEN AVE. JACKSONVILLE FL 32206 US**
Mailing Address: **2059 EVERGREEN AVE. JACKSONVILLE FL 32206-3977 US**

3. Date Incorporated or Qualified: **11/05/1990**
3a. Date of Last Report: **03/19/1996**
4. FEI Number: **59-3034749**
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

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

9. Name and Address of Current Registered Agent
**BUSCHMAN, ALBERT E. JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32260**

10. Name and Address of New Registered Agent
81. Name: **Bushman, Albert E JR.**
82. Street Address (P.O. Box Number is Not Acceptable): **2215 south Third ST.**
83. Suite: **Suite 101**
84. City: **Jacksonville Beach** FL 85. Zip Code: **32250**

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		<input type="checkbox"/> DELETE
TITLE	D	
NAME	SCALLAN, RENE O.	
STREET ADDRESS	2059 EVERGREEN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	
NAME	SCALLAN, REBECCA	
STREET ADDRESS	2059 EVERGREEN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	
NAME	SCALLAN, JAMES D.	
STREET ADDRESS	2059 EVERGREEN AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: **REBECCA SCALLAN** *Rebecca Scallan* 904-356-8320

CR2E034 (9/96)