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Mar 18 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 # 601621 (6)
1. Corporation Name
MCLIN, BURNSSED, MORRISON, JOHNSON, NEWMAN & ROY,
PROFESSIONAL ASSOCIATION

Principal Place of Business
1000 WEST MAIN STREET
LEESBURG FL 34748-4925

Mailing Address
1000 WEST MAIN STREET
LEESBURG FL 34748-4925



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

3. Date Incorporated or Qualified
10/30/1969

3a. Date of Last Report
01/26/1996

4. FCI Number
59-1275664

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

MCLIN III, WALTER S
1000 W MAIN ST
LEESBURG FL 32748

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME MCLIN III, WALTER S
STREET ADDRESS 1000 W MAIN ST
CITY-ST-ZIP LEESBURG FL

TITLE VPD DELETE

NAME JOHNSON, STEPHEN W.
STREET ADDRESS 1000 W MAIN ST.
CITY-ST-ZIP LEESBURG FL

TITLE SD DELETE

NAME MORRISON, FRED A
STREET ADDRESS 1000 W MAIN ST
CITY-ST-ZIP LEESBURG, FL 00000

TITLE TDS DELETE

NAME BURNSSED, R DEWEY
STREET ADDRESS 1000 W MAIN ST
CITY-ST-ZIP LEESBURG, FL 00000

TITLE VPD DELETE

NAME ROBUCK, H.D., JR.
STREET ADDRESS 1000 WEST MAIN STREET
CITY-ST-ZIP LEESBURG FL

TITLE VPD DELETE

NAME ROY, STEVEN M.
STREET ADDRESS 1000 MAIN ST
CITY-ST-ZIP LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD Change Addition

1.2 NAME Newman, Richard P

1.3 STREET ADDRESS 1000 W Main St
1.4 CITY-ST-ZIP Leesburg, Florida 34748

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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

[Signature]

3-12-97 187-1241

CR2E034 (9/96)