
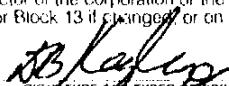


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 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 # 134644 (4) 1. Corporation Name R.E. WILKERSON, & CO.					
Principal Place of Business 603 KING STREET P.O. BOX 2220 JACKSONVILLE FL 32204			Mailing Address 603 KING STREET P.O. BOX 2220 JACKSONVILLE FL 32204-3007		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/24/1937 3a. Date of Last Report 04/15/1996 4. FEI Number 59-0510435 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TURNER, CHARLES W 603 KING ST JACKSONVILLE FL 32204			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER CONNIE M		1.2 NAME	John H. McCormack	
STREET ADDRESS	603 KING STREET		1.3 STREET ADDRESS	603 King St.	
CITY- ST- ZIP	JACKSONVILLE, FL 00000		1.4 CITY- ST- ZIP	Jacksonville, Fl. 32203	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CHARLES W		2.2 NAME		
STREET ADDRESS	603 KING STREET		2.3 STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 00000		2.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEGLEY, DAVID B JR		3.2 NAME		
STREET ADDRESS	603 KING ST		3.3 STREET ADDRESS		
CITY- ST- ZIP	JAX FL		3.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CHARLES W		4.2 NAME		
STREET ADDRESS	603 KING ST		4.3 STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL		4.4 CITY- ST- ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASMAN, RUSSELL		5.2 NAME		
STREET ADDRESS	603 KING STREET		5.3 STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL		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 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:  D. B. Kegley, Jr. Asst. Sec. Treas 4/18/97 904-388-3535					

CR2E034 (9/96)