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Apr 17 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 # 145160 (8)
1. Corporation Name
CONNOR BROWN COMPANY



Principal Place of Business: 4250 LAKESIDE DRIVE STE 208 JACKSONVILLE FL 32210 US
Mailing Address: P.O. BOX 22 ORTEGA STATION JACKSONVILLE FL 32210-0022 US

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 12/07/1945
3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-0544401
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
HELMICK, JOHN P, JR.
4250 LAKESIDE DR #208
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____
Signature is type or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: HELMICK, JOHN P STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL	1.1 TITLE	AS/V/D
TITLE: PTD	NAME: BROWN, LILA BYRD STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL	2.1 TITLE	AV/S
TITLE: SVD	NAME: BROWN, BARRET STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL	3.1 TITLE	
TITLE: AS	NAME: HELMICK, EMILY S STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL	4.1 TITLE	
TITLE: AV	NAME: HELMICK, MARC A STREET ADDRESS: 4250 LAKESIDE DRIVE #208 CITY-ST-ZIP: JACKSONVILLE FL	5.1 TITLE	
TITLE: AV	NAME: HELMICK, CLAUDETTE B STREET ADDRESS: 4250 LAKESIDE DRIVE #208 CITY-ST-ZIP: JACKSONVILLE FL	6.1 TITLE	

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: *Lila Byrd Brown* 4/14/97 389-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (9/96)