

FILED

# PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 293369 (5)  
1. Corporation Name  
THE FOURTH CORPORATION

Principal Place of Business  
2031 HENDRICKS AVENUE  
P.O. BOX 10129  
JACKSONVILLE FL 32207-3307

Mailing Address  
2031 HENDRICKS AVENUE  
P.O. BOX 10129  
JACKSONVILLE FL 32207-3307

3. Date Incorporated or Qualified <b>05/28/1965</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-1204542</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

**9. Name and Address of Current Registered Agent**

FRANSON, CHARLES J.  
1551 ATLANTIC BLVD.  
SUITE 200  
JACKSONVILLE FL 32207

**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

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANSON, CHARLES J		1.2 NAME		
STREET ADDRESS	1551 ATLANTIC BLVD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, T. KEITH		2.2 NAME		
STREET ADDRESS	2031 HENDRICKS AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP		
TITLE	PC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, RAYMOND K.		3.2 NAME		
STREET ADDRESS	1551 ATLANTIC BLVD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, RAYMOND K, JR		4.2 NAME		
STREET ADDRESS	2031 HENDRICKS AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<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:**

**T. Keith Perry, Secretary**

4/10/97

(904) 396-8237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

David H. Friend, Jr.

0032623

CR2E034 (9/96)