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Apr 14 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 # 350751 (4)

1. Corporation Name
BESSENT, HAMMACK & RUCKMAN, INC.



Principal Place of Business
**1800 CORPORATE SQUARE BLVD.
 JACKSONVILLE FL 32216**

Mailing Address
**1800 CORPORATE SQUARE BLVD.
 JACKSONVILLE FL 32216-1941**

3. Date Incorporated or Qualified 08/14/1969	3a. Date of Last Report 05/28/1996
4. FEI Number 59-1281964	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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
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9. Name and Address of Current Registered Agent

**SAYLOR, MICHAEL J
 1800 CORPORATE SQ. BLVD.
 JACKSONVILLE FL 32216**

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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMACK, JOHN A.	1.2 NAME	
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLOR, MICHAEL J	2.2 NAME	
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEDDON, GARY L.	3.2 NAME	
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRMONT, RUSSELL L.	4.2 NAME	
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	See Attached Additions <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: *[Signature]* **DECLARED** (904) 721-2991
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

1997 CORPORATION ANNUAL REPORT
FEI # 59-1281984
DOCUMENT # 350751 (4)

Block 12 & 13 Continued

12		OFFICERS AND DIRECTORS		13		OFFICERS AND DIRECTORS	
Title	VICE PRESIDENT	<input type="checkbox"/> DELETE		Title		<input type="checkbox"/> CHANGE	
Name	HOWERTON, GENE L.			Name			
St. Address	1900 CORPORATE SQUARE BLVD.			St. Address		<input type="checkbox"/> ADDITION	
City-St-Zip	JACKSONVILLE, FL 32216			City-St-Zip			
Title	VICE PRESIDENT	<input type="checkbox"/> DELETE		Title		<input type="checkbox"/> CHANGE	
Name	SHELLHASE, CARL L.			Name			
St. Address	1900 CORPORATE SQUARE BLVD.			St. Address		<input type="checkbox"/> ADDITION	
City-St-Zip	JACKSONVILLE, FL 32216			City-St-Zip			
Title	VICE PRESIDENT	<input type="checkbox"/> DELETE		Title		<input type="checkbox"/> CHANGE	
Name	STEWART, STEPHEN J.			Name			
St. Address	1900 CORPORATE SQUARE BLVD.			St. Address		<input type="checkbox"/> ADDITION	
City-St-Zip	JACKSONVILLE, FL 32216			City-St-Zip			
Title		<input type="checkbox"/> DELETE		Title		<input type="checkbox"/> CHANGE	
Name				Name			
St. Address				St. Address		<input type="checkbox"/> ADDITION	
City-St-Zip				City-St-Zip			