


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 350751 (4)</b>			
1. Corporation Name <b>BESSENT, HAMMACK &amp; RUCKMAN, INC.</b>			
Principal Place of Business <b>1900 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216</b>		Mailing Address <b>1900 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>SAYLOR, MICHAEL J 1900 CORPORATE SQ. BLVD. JACKSONVILLE FL 32216</b>		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		85	
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	
TITLE	D	1.1 TITLE	VSTD
NAME	HAMMACK, JOHN A.	1.2 NAME	Nita Rankin
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	1.3 STREET ADDRESS	1900 Corporate Square Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	PD	2.1 TITLE	VP
NAME	SAYLOR, MICHAEL J	2.2 NAME	Stephen J. Stewart
STREET ADDRESS	1900 CORPORATE SQ. BLVD.	2.3 STREET ADDRESS	1900 Corporate Square Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	VD	3.1 TITLE	
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	4.1 TITLE	
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	VP	5.1 TITLE	
NAME	HOWERTON, GENE L	5.2 NAME	
STREET ADDRESS	1900 CORPORATE SQUARE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	SCHELLHASE, CARL L	6.2 NAME	
STREET ADDRESS	1900 CORPORATE SQUARE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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: Nita Rankin

7-19-98 904-721-2991

CR2E034 (5/98)