

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

FILED

Jan 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 # 405555 (4)			
1. Corporation Name SHEFFIELD & ASSOCIATES, INC			
Principal Place of Business 3 SURF DRIVE PALM COAST FL 32137		Mailing Address 3 SURF DRIVE PALM COAST FL 32137-2422	
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	
25. Country		30. Country	
9. Name and Address of Current Registered Agent SHEFFIELD, JOHN W III 3 SURF DRIVE PALM COAST FL 32137		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		86. 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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD NAME SHEFFIELD III, JOHN W. STREET ADDRESS 3235 HATTIE BROCK LANE CITY - ST - ZIP JACKSONVILLE FL		1.1 TITLE PD NAME Sheffield III, John W. STREET ADDRESS 3 Surf Drive CITY - ST - ZIP Palm Coast, FL. 32137	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
7. TITLE NAME STREET ADDRESS CITY - ST - ZIP		7.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
8. TITLE NAME STREET ADDRESS CITY - ST - ZIP		8.1 TITLE NAME STREET ADDRESS 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 included 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: _____		Date: Jan 5, 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



CR2E034 (9/96)