FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **458608** **(7)**

1. Corporation Name
JOHN E. MCCAUSLAND, INC.

Principal Place of Business
1815 E 21ST STREET
JACKSONVILLE FL 32206

Mailing Address
~~1815 E 21ST STREET~~ P.O. Bx 3202
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 07/25/1974
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-1547406 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Bx 3202 Jax Fl 32206
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCCAUSLAND, JOHN E.
136 19TH AVENUE NORTH
JACKSONVILLE BCH. FL 32250

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

11. Pursuant to the provisions of Sections 607.0502 or 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MCCAUSLAND, JOHN E.	
STREET ADDRESS	136 19TH AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	SD	[ ] DELETE
NAME	PARNABY, GEORGE R., JR.	
STREET ADDRESS	4540 SOUTHSIDE BLVD STE 1	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition
2) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition
3) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition
4) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition
5) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition
6) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change	[ ] Addition

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 report or supplemental 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, with all other like empowered.

SIGNATURE: [signature] 2/15/96 904-358-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)