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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

472758

(2)

ARTHUR T. BOONE, P.A.

FILED	
May 06 1998 8:00ar	n
Secretary of State	



						)
Principal Place of Business Mailing Address						
1221 KING STREET 1221 KING STREET						
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204				DO NOT WRITE IN THIS SPACE		
US US			3. Date Incorporated or Qualified			
					03/28/1975	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-1589057	Not Applicable	
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23	_	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	rrent year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		<sub>1</sub>	10. Name and Address of New Registered	Agent
	OONE, PAUL STANLEY		81	Name		
	221 KING ST.,		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ACK <b>S</b> ONVILLE FL 32204			ļ	,	
			83			
			84	City		85 Zip Code
			i i	-	FL.	<b>-</b>   <sup></sup>   '
11. Pursuani	to the provisions of Sections 607.050	)2 and 607.1508, Florida Statute	s, the above	e-named co	rporation submits this statement for the purpose cation's board of directors. I hereby accept the app	of changing its registered
agent. I	am familiar with, and accept the oblig	jations of, Section 607.0505, Flor	rida Statute	s.	anon's board of directors. Thereby decopy the up	pointinont as registeres
SIGNATURE					<u>.</u>	
	Signature, typed or printed name of registered ag-			ent signature req	pured when reinstaling) DATE	D DIDECTORO MI 40
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	POOLE ADTUUD T	☐ DELETE	1.1 TITLE			Change C Addition
NAME	800NE, ARTHUR T.	1.2 NA				
STREET ADDRESS	1		1.3 STREET			
CITY-ST-ZIP	JACKSONVILLE FL 32204	DELETE	1.4 CITY-S	ST-ZIP		Change Addition
TITLE	DVP	☐ DECEIE	2.1 TITLE			C Change C Addition
NAME	BOONE, PAUL STANLEY		2.2 NAME			
\$TREET ADDRESS			2.3 STREET			
CITY-ST-ZIP	JACKSONVILLE FL 32204	- December	2. 4 CITY-	ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE	•		CT clights CT volution
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		T DELETE	3.4. CITY - :	ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE	ļ		C custile C Vocation
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	į.		
CITY-ST-ZIP		- Devete	4.4 CITY-ST-ZIP			Change Addition
TITLE		DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	1		
CITY-ST-ZIP		T	5.4 CITY - 5	ST-ZIP		Change Lagran
TITLE		☐ DELETE	6.1 TITLE			Change L. Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5		in Section 110.07/21/i) Florida Statutos I further o	

Thereby 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 op an attachment with an address.