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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556838

SHEPPARD AND WHITE, P.A.

(1)

FILED Feb 06 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address									
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215 WASTHING		215 WASTHINGTON STREET	ET .						
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202-2	2808			1			
						3. Date Incorporated or Qualified 01/01/1978		ate of Last R 02/1996	eport
2, Principal I	Tace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				59-1788091			ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 /	Additional equired
City & Sta	to	City & State			······································	6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution			may be to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25	29	30			Florida Statutes	🕽 Yes 📗	No	
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
	PPARD, WILLIAM J.		•	31	Name				
	WASHINGTON STREET		1	32	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
JAC	KSONVILLE FL 32202		ļ.	33	· 				
			1	"					
			[14	City		FL	85 Zip	Code
11 Parenant	to the provisions of Sections 607 05	2 and 607 1508 Florida Statu	tes the abi	 evc	-named corr	oration submits this statement for the	O BROOTILIC	t changing it	ts registered
office or	registered agent, or both, in the State are familiar with, and accept the oblic	of Florida. Such change was	authorized	by	the corporat	ion's board of directors. I hereby acce	pt the ap	pointment as	registered
	are tachinar with, and accept the oring	Section 601.0000, 1	ionos otatu	100					
SIGNATURE	Sagrada el typod or printed harne of registered ag	ent and title if applicable. (NO	TE: Registered	Ager	nt signature requir	ad when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TILE	PTD Sheppard, William J.	DELETE	1.1 TITL					Change	Addition
N4ME	OLE WASHINGTON STREET		1,2 NAM						
STHEET ADDRESS	JACKSONVILLE FL				ADDRESS				
CHY+S*-ZIP TITLE	0/10/10011112212	DELETE	1.4 CIT 2.1 TITL		1- ZIP			Change	Addition
NAME			2.2 NAM						
STEEFT ADDRESS					ADDRESS				
CITY-ST-ZIP			2. 4 CIT						
TITLE		DELETE	3.1 1110	E				Change	Addition
NAME			3.2 NAM	/E					
STREET ADDRESS			3.3 STF	EET	ADDRESS				
CHY-ST-20F			3.4. CIT	_	37 - ZIP			1 7 8	1 1 1 100
THILE		☐ DELETE	4.1 ¥(T)					Change	Addition
NAME:			4. 2 NA						
STREET ADDRESS			. I		ADDRESS				
CITY-SI-Zio		DELETE	4.4 CIT 5.1 TITI		J - ZIP			Change	Addition
THE NAME		Detaile	5.1 IIII					مراد مسا	
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP			5.4 C/T		- 4				
TITLE		DELETE	61 TIT			4-5-1		Change	Addition
NAME			62 NA	ИE					
STREET ADDRESS			6.3 STF	EET	ADDRESS				
CITY ST. 200			64 CIT	٧. ٥	ST-ZIP				

14. If 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 inhual 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 33.4 changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Sheppard.

1-30-97

904/356-9661

Daytime Phone #