

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 557842 (2)

1. Corporation Name  
CARTER, BELCOURT & ATKINSON, P.A.

Principal Place of Business 500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271 US	Mailing Address 500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/01/1978
24		25		4. FEI Number 59-1786963
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MURVIN, RICHARD H  
500 S FL AVE  
8TH FLOOR  
LAKELAND FL 33801

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 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

*Richard A. Murvin*

2/10/98

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	V	1.1 TITLE	
NAME	MCBRIDE, JR. J	1.2 NAME	
STREET ADDRESS	500 S FL AVE 8TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	VD
NAME	ATKINSON, RONALD C.	2.2 NAME	LLEWELLYN N. BELCOURT
STREET ADDRESS	500 S FL AVE 8TH FLOOR	2.3 STREET ADDRESS	500 S. FL AVE, 8TH FLOOR
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL
TITLE	PTD	3.1 TITLE	VD
NAME	MURVIN, RICHARD H	3.2 NAME	RICHARD A. BORDE
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	3.3 STREET ADDRESS	122 WEST CENTRAL AVE.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD	4.1 TITLE	VD
NAME	ADAMSON, ERIC B	4.2 NAME	DAVID L MULLINS
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	4.3 STREET ADDRESS	500 S. FL AVE, 8TH FLOOR
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL
TITLE	VD	5.1 TITLE	
NAME	FISK, ALAN C	5.2 NAME	
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GROSSMAN, JAMES E	6.2 NAME	
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND 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:

*Richard A. Murvin*

2-18-98

944-687-4016

CP2E034, v97