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FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # 592886 (6)  
1. Corporation Name  
ALLEN & KNIGHT INVESTMENT MANAGEMENT COMPANY

Principal Place of Business  
13000 SAWGRASS VILLAGE CIRCLE  
SUITE 6  
PONTE VEDRA BEACH FL 32082

Mailing Address  
13000 SAWGRASS VILLAGE CIRCLE  
SUITE 6  
PONTE VEDRA BEACH FL 32082-5017



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/06/1978		03/05/1996	
22		27		4. FEI Number		Applied For	
23		28		52-1047909		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KNIGHT, A. PALMER 13000 SAWGRASS VILLAGE CIRCLE SUITE 6 PONTE VEDRA BEACH FL 32082				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

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	PSTD	11 TITLE	CHM SEC DIR
NAME	KNIGHT, A. PALMER	12 NAME	KNIGHT, A. PALMER
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, SUITE 6	13 STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, STE 6
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	14 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VP	21 TITLE	P.T.D.
NAME	THURSON, ROBERT L	22 NAME	JOHN L. ALLEN, JR.
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, SUITE 6	23 STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, STE 6
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	24 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D	31 TITLE	
NAME	KNIGHT, C. FINLEY JR.	32 NAME	
STREET ADDRESS	4230 ORTEGA BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	KNIGHT, ADDISON P SR	42 NAME	
STREET ADDRESS	13000 SAWGRASS VILL CIR	43 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 904/285-0486  
Date Daytime Phone #

CR2E034 (9/96)