

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600323 (0)

1. Corporation Name

DAWSON, GALANT & ASSOCIATES, P.A.



Principal Place of Business

320 EAST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

320 EAST ADAMS STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALANT, LUKE G.
320 EAST ADAMS STREET
JACKSONVILLE FL 32202

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 of the person who is the registered agent of the corporation.

Signature of the person who is the registered agent of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAWSON, CARL D.
STREET ADDRESS 3858 TIMUQUANA RD.
CITY-STATE-ZIP JACKSONVILLE, FL 0

TITLE SD
NAME GALANT, LUKE G.
STREET ADDRESS 21 CONNER LANE
CITY-STATE-ZIP JACKSONVILLE, FL 0

TITLE VD
NAME SULIK, JOHN J.
STREET ADDRESS 2403 S. PONTE VEDRA BLVD.
CITY-STATE-ZIP PONTE VEDRA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

3223 Old Barn Road
Ponte Vedra Beach, FL 32082

000001787950
-04/22/96--01015--020
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Luke G. Galant

April 16, 1996

(904) 355-5505

CR2E034 (12/95)