

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

FILED
Feb 20 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 # 602080 (4)
1. Corporation Name
NEILL, GRIFFIN, JEFFRIES, LLOYD, FOWLER, TIERNEY
& NEILL, CHARTERED

Principal Place of Business
311 S SECOND ST
FT PIERCE FL 34950
US

Mailing Address
P O BOX 1270
FT PIERCE FL 34954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1289417	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
NEILL, RICHARD V 311 S 2ND ST. FORT PIERCE FL 34950		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  DATE 2/12/98

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	JEFFRIES, MICHAEL	1.2 NAME	Michael D. Fowler
STREET ADDRESS	311 SOUTH 2ND ST	1.3 STREET ADDRESS	311 South 2ND ST
CITY-ST-ZIP	FORT PIERCE, FL 00000	1.4 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	D	2.1 TITLE	
NAME	LLOYD, ROBERT M	2.2 NAME	
STREET ADDRESS	311 SOUTH 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	NEILL, RICHARD V	3.2 NAME	
STREET ADDRESS	311 SOUTH 2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	GRIFFIN, CHESTER B	4.2 NAME	
STREET ADDRESS	311 SOUTH 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TIERNEY, J. STEPHEN JR.	5.2 NAME	
STREET ADDRESS	311 SOUTH 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NEILL, RICHARD V JR	6.2 NAME	
STREET ADDRESS	311 S 2ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE 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: 

CR2E034 (10/97)