

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 # 602150 (5)

1. Corporation Name

MAHONEY ADAMS & CRISER, P.A.



Principal Place of Business

50 NORTH LAURA STREET
SUITE 3400
JACKSONVILLE FL 32202
US

Mailing Address

POST OFFICE BOX 4099
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified
06/11/1970

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1295175

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. 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

KEEFE, JR., KENNETH M
50 N LAURA ST
STE 3400
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 typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CRISER, MARSHALL M	
STREET ADDRESS	116 HAMPSTEAD,	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEEFE, JR., KENNETH M	
STREET ADDRESS	4712 ALGONQUIN AVENUE	
CITY- ST- ZIP	JACKSONVILLE BEACH FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SKINNER, HALCYON E.	
STREET ADDRESS	118 KNOTTY PINE TRAIL	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILTON, CHRISTINE R	
STREET ADDRESS	9707 OAK HAMMOCK TRAIL	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, DAVID	
STREET ADDRESS	1694 OSPREY BLUFF	
CITY- ST- ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(not a Director)
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Berry, Jr., James I. Vance
6.3 STREET ADDRESS	113 Linkside Circle
6.4 CITY- ST- ZIP	Ponte Vedra Beach, FL 32082

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Halcyon E. Skinner, President

(904) 354-1100

Date:

Daytime Phone #

CR2E034 (12/95)