

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields for detailed address information.

3. Date Incorporated or Qualified: 06/11/1970
 4. FEI Number: 59-1295175
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: KEEFE, JR., KENNETH M, 50 N LAURA ST, STE 3400, JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent (81-85) fields for name, street address, city, and 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	S	DELETE
NAME	KEEFE, JR., KENNETH M	
STREET ADDRESS	4712 ALGONQUIN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	DELETE
NAME	MILTON, CHRISTINE R	
STREET ADDRESS	9707 OAK HAMMOCK TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	DELETE
NAME	WELLS, DAVID	
STREET ADDRESS	2182 SALT MYRTLE LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	DELETE
NAME	BERRY, JR. J	
STREET ADDRESS	113 LINKSIDE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature] 8/11/98 (904) 798-3200

CR2E034 (5/98)