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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **602681** **(9)**

1. Corporation Name
TYGART AND SCHULER, P.A.

Principal Place of Business	Mailing Address
9550 REGENCY SQUARE BLVD. SUITE #103. BARNETT REGENCY TOWER JACKSONVILLE FL 32225-8164 US	9550 REGENCY SQUARE BLVD. SUITE #103. BARNETT REGENCY TOWER JACKSONVILLE FL 32225-8191 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/04/1971	3a. Date of Last Report: 05/01/1996
21	26 9550 Regency Sq. Blvd.	4. FEI Number: 59-1315061	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 Suite 103	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23	City & State: 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 Country: 25	Zip: 29 32225-8164 Country: 30 Duval	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes XX No	

9. Name and Address of Current Registered Agent

TYGART JR,S T
9550 REGENCY SQUARE BLVD
SUITE 103, BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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 Section s 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: (NOTE: If changing Registered Agent, Registered Agent signature and Title required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TYGART JR., S.T.	1.2 NAME	
STREET ADDRESS	103 BARNETT REGENCY TOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, GAYLE C.	2.2 NAME	
STREET ADDRESS	103 BARNETT REGENCY TOW	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHULER, CARL SCOTT	3.2 NAME	
STREET ADDRESS	103 BARNETT REGENCY TOW	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: S. [signature] 3-14-97 (904) 721-0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #