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

FILED
Apr 27 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 # **602924** **(3)**

1. Corporation Name
COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
2065 HERSCHEL ST JACKSONVILLE FL 32204 US	P.O. BOX 40089 JACKSONVILLE FL 32203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1971

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1351084 ☐ Applied For ☐ Not Applicable

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

COFFMAN JR, DANIEL R
2065 HERSCHEL STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Patrick D. Coleman
82 Street Address (P.O. Box Number Is Not Acceptable): 2065 Herschel Street
83
84 City: Jacksonville FL **FL** 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: Patrick D Coleman 4/20/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRICKER, JOANN M		1.2 NAME	
STREET ADDRESS	2065 HERSCHEL STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COFFMAN, DANIEL R. JR		2.2 NAME	
STREET ADDRESS	2065 HERSCHEL STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GROGAN, MICHAEL K.		3.2 NAME	
STREET ADDRESS	2065 HERSCHEL ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, WILLIAM H.		4.2 NAME	
STREET ADDRESS	2065 HERSCHEL ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, PATRICK		5.2 NAME	
STREET ADDRESS	2065 HERSCHEL STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLSHOUSER, ERIC		6.2 NAME	
STREET ADDRESS	2065 HERSCHEL STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Patrick D Coleman 4/20/98 904-389-5161