

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
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DOCUMENT # **602924** (3)
1. Corporation Name
COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION

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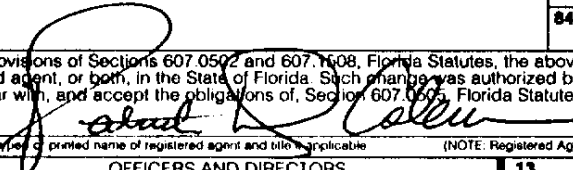


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/30/1971	
4. FEI Number 59-1351084		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No					

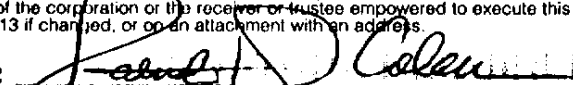
9. Name and Address of Current Registered Agent COFFMAN JR, DANIEL R 2065 HERSCHEL STREET JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent 81 Name Patrick D. Coleman 82 Street Address (P.O. Box Number is Not Acceptable) 2065 Herschel Street 83 84 City Jacksonville FL 85 Zip Code 32204	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE  4/20/98
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)

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	

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:  4/20/98 904-389-5161

CR2E034 (1097)