

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **634073** (1)

1. Corporation Name
WILLIAM COOK PUBLIC RELATIONS, INC.

Principal Place of Business
**225 WATER ST. SUITE #1800
JACKSONVILLE FL 32202**

Mailing Address
**225 WATER ST. SUITE #1800
JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1979	
4. FEI Number 59-1933131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BRANT, MOORE, SAPP, MACDONALD & WELLS PA 50 NORTH LAURA SUITE 3100 JACKSONVILLE FL 32202	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD SCHRAMM, BERNARD C., JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 WATER STREET	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SCHNEIDER, AL L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 NORTH LAURA, STE 3100	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ASD BRANT, WILLIAM P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 NORTH LAURA STE 3100	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CD EDDINGS, J. CARSON	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 WATER ST #1800	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P SONIS, LARRY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 WATER ST, STE 1800	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE: **J. Carson Eddings, CEO** 3/10/98 904/353-3911

CR2E034 (10/97)