

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 636639 (7)
1. Corporation Name
WILLIAM C. IRVIN P.A.



Principal Place of Business
2 RIVER FALLS DR.
COCOA BCH FL 32931

Mailing Address
ROUTE 1 BOX H-231
JASPER FL 30143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5801 N ATLANTIC AVE		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/18/1979	3a. Date of Last Report 03/27/1996
Suite, Apt. #, etc. 22 # 412		Suite, Apt. #, etc. 27		4. FEI Number 59-1936530	Applied For Not Applicable
City & State 23 CAPE CANAVERAL FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32920	Country 25 ARVIA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent IRVIN, J. PAUL 2 RIVER FALLS DRIVE COCOA BCH FL 32931				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	

10. Name and Address of New Registered Agent	
81 Name IRVIN, J. PAUL	
82 Street Address (P.O. Box Number is Not Acceptable) 5801 N ATLANTIC AVE # 412	
83	
84 City CAPE CANAVERAL	85 Zip Code FL 32920

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]

(NOTE: Registered Agent signature required when reinstating)

9-4-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, WILLIAM C	1.2 NAME	
STREET ADDRESS	5801 N. ATLANTIC AVE. UNIT 412	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, PAUL J.	2.2 NAME	
STREET ADDRESS	5801 N. ATLANTIC AVE. UNIT 412	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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 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:

SIGNATURE REQUIRED

8/30/97 1407223-4296

CR2E034 (4/97)