

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 637863 (2)
1. Corporation Name
BETTS, ROGERS, SCHENCK & JONES, C.P.A.'S, A PROFESSIONAL ASSOCIATION

Principal Place of Business
104 NORTH MAGNOLIA DR.
TALLAHASSEE FL 32301-2636

Mailing Address
104 NORTH MAGNOLIA DR.
TALLAHASSEE FL 32301-2636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1979	
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1937836	Applied For Not Applicable
25. Zip	26. Country	27. City & State	28. Zip	29. Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BETTS, BEN F, JR 104 NORTH MAGNOLIA DR. TALLAHASSEE FL 32301				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE				10. Name and Address of New Registered Agent	
12. OFFICERS AND DIRECTORS				81. Name	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				82. Street Address (P.O. Box Number is Not Acceptable)	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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				83.	
				84. City	
				85. Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO BETTS, BENJAMIN F., JR. 104 NORTH MAGNOLIA DR. TALLAHASSEE FL	1.1 TITLE	Change Addition
NAME	STD ROGERS, EDGAR A., JR. 104 NORTH MAGNOLIA DR. TALLAHASSEE FL	1.2 NAME	Change Addition
STREET ADDRESS	VD SCHENCK, JOSEPH T. 104 NORTH MAGNOLIA DR. TALLAHASSEE FL	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	SD JONES, MARK J 104 N MAGNOLIA DR TALLAHASSEE FL	1.4 CITY-ST-ZIP	Change Addition
		2.1 TITLE	Change Addition
		2.2 NAME	Change Addition
		2.3 STREET ADDRESS	Change Addition
		2.4 CITY-ST-ZIP	Change Addition
		3.1 TITLE	Change Addition
		3.2 NAME	Change Addition
		3.3 STREET ADDRESS	Change Addition
		3.4 CITY-ST-ZIP	Change Addition
		4.1 TITLE	Change Addition
		4.2 NAME	Change Addition
		4.3 STREET ADDRESS	Change Addition
		4.4 CITY-ST-ZIP	Change Addition
		5.1 TITLE	Change Addition
		5.2 NAME	Change Addition
		5.3 STREET ADDRESS	Change Addition
		5.4 CITY-ST-ZIP	Change Addition
		6.1 TITLE	Change Addition
		6.2 NAME	Change Addition
		6.3 STREET ADDRESS	Change Addition
		6.4 CITY-ST-ZIP	Change Addition

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CR2E034 (10/97)