

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 642335

(4)

1. Corporation Name

HAND, DREW, SHOWALTER & MERCIER, P.A.

Principal Place of Business

200 WEST FORSYTH STREET
SUITE 1020
JACKSONVILLE FL 32202-4321

Mailing Address

200 WEST FORSYTH STREET
SUITE 1020
JACKSONVILLE FL 32202-4347

2. Principal Place of Business

21 200 West Forsyth Street

Suite, Apt. #, etc.

22 Suite 1100

City & State

23 Jacksonville, Florida

Zip

24 32202

Country

25 Duval

2a. Mailing Address

26 200 West Forsyth Street

Suite, Apt. #, etc.

27 Suite 1100

City & State

28 Jacksonville, Florida

Zip

29 32202

Country

30 Duval

9. Name and Address of Current Registered Agent

HAND, JACK G. JR
200 W FORSYTH ST #1020
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

10/19/1979

3a. Date of Last Report

01/29/1996

4. FLE Number

59-1960550

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Lee F. Mercier

82 Street Address (P.O. Box Number is Not Acceptable)

200 West Forsyth Street

83

Suite 1100

84

City
Jacksonville

FL

85

Zip Code
32202

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

Lee F. Mercier, LEE F. MERCIER, PRES.

4-22-97

Signature of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE

NAME KELLY, TIMOTHY P
STREET ADDRESS 12267 HIGH LAUREL DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☒ DELETE

NAME HAND, JACK G
STREET ADDRESS 2156 SPANISH MOSS DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE

NAME SHOWALTER, RUSSELL H., J
STREET ADDRESS 7819 GLEN ECHO DR, N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME MERCIER, LEE F.
STREET ADDRESS 1958 LARGO PLACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☒ DELETE

NAME MCCAULK, GREGG
STREET ADDRESS 1633 SELVA MARINA DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Lee F. Mercier

(904) 355-1155

CR2E034 (9/96)