


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

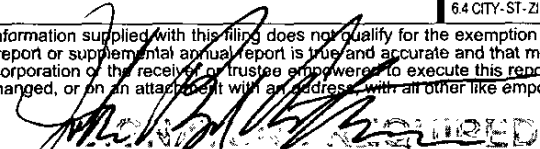
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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F32739</b>					
1. Corporation Name <b>RUMBERGER, KIRK &amp; CALDWELL, PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>201 S. ORANGE AVE STE 300 P O BOX 1873 ORLANDO FL 32801 US</b>			Mailing Address <b>P.O. BOX 1873 STE #300 ORLANDO FL 32802 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/01/1981</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2089901</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>29</b>		Country <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>KIRK, W. L., JR 201 S. ORANGE AVE STE 300 ORLANDO FL 32802-1873</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	S <input type="checkbox"/> DELETE				
NAME	CALDWELL, LORI J.				
STREET ADDRESS	201 S. ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	KIRK, J. SCOTT				
STREET ADDRESS	201 S. ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	W. L. KIRK, JR.				
STREET ADDRESS	201 S. ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	C <input checked="" type="checkbox"/> DELETE				
NAME	E. THOM RUMBERGER				
STREET ADDRESS	201 S. ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	J. RICHARD CALDWELL, JR				
STREET ADDRESS	707 N. FRANKLIN ST				
CITY-ST-ZIP	TAMPA FL 97				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	ATKINSON, JOHN B.				
STREET ADDRESS	2 SOUTH BISCAYNE BLVD.				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, with an other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bond Atkinson - V.P. & Managing Shareholder

Date

(305) 358-5577

Daytime Phone #

CR2E034 (11/98)

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