

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


FILED

Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90033 020 ****150.00



DO NOT WRITE IN THIS SPACE:

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F52825					
Corporation Name ROTCHFORD & BETANCOURT, P.A.					
Principal Place of Business % GEORGE D. ROTCHFORD 221 E. CHURCH STREET JACKSONVILLE FL 32202			Mailing Address % GEORGE D. ROTCHFORD 221 E. CHURCH STREET JACKSONVILLE FL 32202		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1981	
21		26		4. FEI Number 59-2161595	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		81 Name	
Zip		Country		82 Street Address (P.O. Box Number is Not Acceptable)	
24		29		83	
25		30		84 City	
9. Name and Address of Current Registered Agent ROTCHFORD, GEORGE D. 221 E. CHURCH STREET JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
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.				85 Zip Code FL	
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE TSD <input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME ROTCHFORD, GEORGE D. 1.2 NAME					
STREET ADDRESS 2746 HOLLY POINT RD. W. 1.3 STREET ADDRESS					
CITY-ST-ZIP ORANGE PARK FL 1.4 CITY-ST-ZIP					
TITLE D <input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME BETANCOURT, NEAL L. 2.2 NAME					
STREET ADDRESS 5253 MAGNOLIA OAKS LANE 2.3 STREET ADDRESS					
CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE 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 <input type="checkbox"/> DELETE 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 <input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME 5.2 NAME					
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CITY-ST-ZIP 5.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE 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					

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 904-354-3444

CR2E034 (1/98)