

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G06157

(3)

1. Corporation Name
JOHN B. BLOIS CERTIFIED PUBLIC ACCOUNTANT, P.A.

Principal Place of Business

2118 PARK ST
2118 PARK ST.
JACKSONVILLE FL 32204
US

Mailing Address

2118 PARK ST
2118 PARK ST.
JACKSONVILLE FL 32204-3812
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

BLOIS, JOHN B.
2118 PARK ST.
JACKSONVILLE FL 32204

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

24

29

30

3. Date Incorporated or Qualified 10/27/1982	3a. Date of Last Report 03/27/1996
4. FEI Number 59-2232536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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 agent 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 agree to comply with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
OFFICER	1. TITLE PST BLOIS, JOHN B. 2118 PARK ST. JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 NAME 1.2 STREET ADDRESS 1.3 CITY-ST-ZIP
OFFICER	2. TITLE BLOIS, JOHN B. 2118 PARK ST. JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY-ST-ZIP
OFFICER	3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 NAME 3.2 STREET ADDRESS 3.3 CITY-ST-ZIP
OFFICER	4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY-ST-ZIP
OFFICER	5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY-ST-ZIP
OFFICER	6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 NAME 6.2 STREET ADDRESS 6.3 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 (904) 388-1331
Dw. C. Phone #

0030034

CR2E034 (9/96)