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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G76510** (8)

1. Corporation Name
MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.

Principal Place of Business
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202
US

Mailing Address
~~ONE INDEPENDENT DRIVE~~
~~SUITE 3000~~ P.O. Box 59
JACKSONVILLE FL 32201
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/29/1983

4. FEI Number
59-2350277
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
MARTIN, RALPH H.
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**
81 Name Robert O. Mickler
82 Street Address (P.O. Box Number is Not Acceptable) One Independent Dr.
83 Suite 3000
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 _____ DATE
Signature, type or print name of person signing and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CBD	☐ DELETE	1.1 TITLE	Vice Pres	☒ Change ☐ Addition
NAME	MARTIN, RALPH H.		1.2 NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE	VP-Treas-D	☒ Change ☐ Addition
NAME	ADE, JAMES L.		2.2 NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIRCHFIELD, W.O.		3.2 NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE #3000		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SAD	☐ DELETE	4.1 TITLE	VP-Sec-Dir	☒ Change ☐ Addition
NAME	MILTON, JOHN D., JR.		4.2 NAME		
STREET ADDRESS	3000 INDEPENDENT SQUARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VP-ASST SEC	☐ Change ☒ Addition
NAME	DURANT, STEPHEN H.		5.2 NAME	HALKER, STEPHEN D.	
STREET ADDRESS	ONE INDEPENDENT DRIVE #3000		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VP-ASST SEC	☒ Change ☐ Addition
NAME	MICKLER, ROBERT O.		6.2 NAME		
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

_____ 4/21/1998