


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

FILED

Apr 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																																																
<b>DOCUMENT # G77489 (4)</b> 1. Corporation Name <b>AIKENHEAD &amp; ODOM, INC.</b>																																																																																																																																																																																				
Principal Place of Business <b>5730 BOWDEN RD STE 200 JACKSONVILLE FL 32216 US</b>			Mailing Address <b>5730 BOWDEN RD STE 200 JACKSONVILLE FL 32216-6103 US</b>																																																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/30/1983</b> 3a. Date of Last Report <b>04/16/1996</b> 4. FEI Number <b>59-2368149</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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																																																																																																																																																																																
9. Name and Address of Current Registered Agent <b>AIKENHEAD, M. NEIL II C/O AIKENHEAD &amp; ODOM, INC. 5730 BOWDEN RD, STE 200 JACKSONVILLE FL 32216</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 _____ (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS <table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY-ST-ZIP</th> <th>DELETE</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>AIKENHEAD, M. NEIL II</td> <td>5730 BOWDEN RD, STE 200</td> <td>JACKSONVILLE FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ST</td> <td>AIKENHEAD, PATRICIA S.</td> <td>5730 BOWDEN RD, STE 200</td> <td>JACKSONVILLE FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EVP</td> <td>ODOM, FRED C.</td> <td>5730 BOWDEN RD, STE 200</td> <td>JACKSONVILLE FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	P	AIKENHEAD, M. NEIL II	5730 BOWDEN RD, STE 200	JACKSONVILLE FL	<input type="checkbox"/>	ST	AIKENHEAD, PATRICIA S.	5730 BOWDEN RD, STE 200	JACKSONVILLE FL	<input type="checkbox"/>	EVP	ODOM, FRED C.	5730 BOWDEN RD, STE 200	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																																																																																																																												
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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