

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

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 677562			
1. Corporation Name MASTRY, MARGER, DAVIS, JOHNSON, BARTLETT & LYNN, INC.			
Principal Place of Business 360 CENTRAL AVENUE BOX 3642 ST. PETERSBURG FL 33701		Mailing Address 360 CENTRAL AVE BOX 3642 ST. PETERSBURG FL 33701	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 200 Central Avenue Suite, Apt. #, etc. 22 #1800 City & State 23 St. Petersburg, FL Zip 24 33701-3326		3a. Date of Last Report 03/25/96 3. Date Incorporated or Qualified 01/01/1984 4. FEI Number 59-2387608 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address 26 P.O. Box 3642 Suite, Apt. #, etc. 27 City & State 28 St. Petersburg Zip 29 33731-3642		3b. Date of Last Report 03/25/96 4. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MASTRY, R DONALD SUITE 1500, FLORIDA FEDERAL TOWER 360 CENTRAL AVE ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
81 Name R. DONALD MASTRY		82 Street Address (P.O. Box Number is Not Acceptable) 200 CENTRAL AVENUE	
83 #1800		700002153437--8 -04/24/97--01037--024 ****165.00	
84 City ST. PETERSBURG		FL 33701-3326	
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 <i>R. Donald Masty</i> DATE 4/18/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, WILLIAM L. 360 CENTRAL AVE #1800 ST. PETERSBURG FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	DS JOHNSON, WILLIAM L. 360 CENTRAL AVE, #1800 ST. PETERSBURG, FL 33701-3326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASTRY, R. DONALD 360 CENTRAL AVE #1500 ST. PETERSBURG FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	DP MASTRY, R. DONALD 360 CENTRAL AVE, #1800 ST. PETERSBURG, FL 33701-3326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLAN B. DAVIS 360 CENTRAL AVE #1500 ST. PETERSBURG FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	DV DAVIS, ALLAN B. 360 CENTRAL AVE, #1800 ST. PETERSBURG, FL 33701-3326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT L. ALBINTON 360 CENTRAL AVE #1500 ST. PETERSBURG FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	D ALBINTON, HERBERT L. 360 CENTRAL AVE, #1800 ST. PETERSBURG, FL 33701-3326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, DOUGLAS S. 360 CENTRAL AVENUE, #1500 ST. PETERSBURG, FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	DT JONES, DOUGLAS S. 360 CENTRAL AVENUE, #1800 ST. PETERSBURG, FL 33701-3326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>MWB</i>
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <i>Douglas S. Jones</i> Date 4-23-97 (813) 227-6331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> DOUGLAS S. JONES, TREASURER			