FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H47963 (4)

1. Corporation Name
TOOLE, BEALE & ~~CLARK, P.A.~~ COOPER, P.A.

Principal Place of Business
6900 SOUTHPOINT DR N. #500 (32216)
P O BOX 1500
JACKSONVILLE FL 32201

Mailing Address
6900 SOUTHPOINT DR N. #500 (32216)
P O BOX 1500
JACKSONVILLE FL 32201

2. Principal Place of Business
21 P.O. Box 551069
Suite, Apt #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32255-1069 25 Country USA

2a. Mailing Address
26 P.O. Box 551069
Suite, Apt #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32255-1069 30 Country USA

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2505845 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BEALE, ALMER W. II
6900 SOUTHPOINT DR.
SUITE 500
JACKSONVILLE FL 32216

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 Section 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 _______

12. OFFICERS AND DIRECTORS

TITLE	VSD	☒ DELETE
NAME	CLARK, DWAYNE L	
STREET ADDRESS	10384 SPOTTED FAWN LN	
CITY-ST-ZIP	MANDARIN FL	
TITLE	PD	☐ DELETE
NAME	BEALE, ALMER W. II	
STREET ADDRESS	3732 HARBOR DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	☐ Change ☒ Addition
1.2 NAME	William G. Cooper	
1.3 STREET ADDRESS	P.O. Box 551069	
1.4 CITY-ST-ZIP	Jacksonville, FL 32255-1069	
2.1 TITLE		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition

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: [signature] 904/296-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)