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# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **H47963** **(4)**

1. Corporate Name
**TOOLE, BEALE & COOPER, P.A.**

Principal Place of Business
**P.O. BOX 551069**
~~P O BOX 1569~~
**JACKSONVILLE FL 32255-069**
**US**

Mailing Address
**P.O. BOX 551069**
~~P O BOX 1569~~
**JACKSONVILLE FL 32255-1069**
**US**

| | |
|---|---|
| 3. Date Incorporated or Qualified: **03/14/1985** | 3a. Date of Last Report: **01/30/1996** |
| 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 | |

2. Principal Place of Business
21 ~~P.O. Box 551069~~ 6900 Southpoint Dr. N
22 Suite 500
23 Jacksonville, FL
24 ~~32255-1069~~ 32216 Country USA
25 Duval

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

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 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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE: STD<br>NAME: COOPER, WILLIAM G.<br>STREET ADDRESS: P.O. BOX 551069<br>CITY-ST-ZIP: JACKSONVILLE FL 69 | ☐ DELETE | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | ☒ Change ☐ Addition<br>STD<br>COOPER, WILLIAM G.<br>P.O. BOX 551069 NA<br>JACKSONVILLE, FL 32255-1069 |
| TITLE: PD<br>NAME: BEALE, ALMER W. II<br>STREET ADDRESS: 3732 HARBOR DRIVE<br>CITY-ST-ZIP: ST. AUGUSTINE FL | ☐ DELETE | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | ☒ Change ☐ Addition<br>PD<br>BEALE, ALMER W. II<br>P. O. Box 551069 NA<br>Jacksonville, FL 32255-1069 |
| | ☐ DELETE | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ☐ DELETE | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ☐ DELETE | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ☐ DELETE | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

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 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 a director or officer 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:** Ellen W Beale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 Date
904/296-6400 Daytime Phone #