

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H60157 (5)

1. Corporation Name
JAMES DICKSON CROCK, P.A.



Principal Place of Business: **JAMES DICKSON CROCK, ESQ. 444 SEABREEZE BLVD., STE 650 DAYTONA BEACH, FL 32118**
 Mailing Address: **JAMES DICKSON CROCK, ESQ. 444 SEABREEZE BLVD., STE 650 DAYTONA BEACH, FL 32118**

3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 03/10/1995
4. FEI Number 59-2563433	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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES DICKSON CROCK, ESQ.
 444 SEABREEZE BLVD. STE 650
 DAYTONA BEACH, FL 32118**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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: *James Dickson Crock* (Typed or printed name of registered agent and address applicable) (NOTE: Registered Agent signature is required when the status is changed)

12. OFFICERS AND DIRECTORS	
TITLE: PD	DELETE <input type="checkbox"/>
NAME: JAMES DICKSON CROCK, ESQ.	
STREET ADDRESS: 444 SEABREEZE BLVD., STE 65	
CITY - ST - ZIP: DAYTONA BEACH, FL 32118	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Dickson Crock* (Typed or printed name of signing officer or director) **6/14/96** **904-255-9202**

CR2E034 (3/96)