


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0002690

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 20 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/31/1985**
 4. FEI Number: **59-2563433** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CROCK, JAMES D ESQ
 444 SEABREEZE BLVD STE 650
 DAYTONA BEACH FL 32118**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROCK, JAMES D ESQ	
STREET ADDRESS	444 SEABREEZE BLVD STE 65	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 --08/20/98--01084--007
 ****158.00 ****158.00

TS. 8/20

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), 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: _____ 7/16/98 904-255-9213

CR2E034 (5/98)

Florida Department of Revenue

Power of Attorney

DR-636
R. 01/97

(1) Taxpayer Information

Taxpayer's Name(s) and Address (Please type or print.) JAMES DICKSON CROCK, P.A. 444 SEABREEZE BLVD. STE 650 DAYTONA BEACH, FL 32118-3958	Social Security Number(s)	PLIN
		59 2563433
	Daytime Telephone Number (904) 255-9202	Florida Tax Registration Number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

(2) Representative(s) (Please type or print.)

Name and Address RICHARD K. CHURCHMAN, C.P.A. 1255 MASON AVENUE DAYTONA BEACH, FLORIDA 32117	Telephone No. 904 257-1646 Fax No. 904 257 1648
Name and Address	Telephone No. () Fax No. ()
Name and Address	Telephone No. () Fax No. ()

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

(3) Tax Matters

Type of Tax	Matter of Representation	Tax Periods
CORPORATION ANNUAL REPORT	PENALTY ABATEMENT	1998
"		

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters. (Strike through any which are not granted.)

- To execute waivers of restrictions on assessment or collection of deficiencies in tax;
- To execute consents extending the statutory period for assessment or claims for refund of taxes;
- To execute closing agreements under Section 213.21 of the Florida Statutes;
- To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;
- To delegate authority or to substitute another representative; and
- To perform other acts (be specific) _____

(4) Receipt of Refund Warrants: If you want to authorize a representative named in Section 2 to receive, but not to endorse or cash, refund warrants, initial here _____ and list the name of that representative below.

Name of representative to receive refund warrants _____

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in Section 2.

- a) If you want such notices and communications to go to you and not your representative, check this box
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box

(6) This Power of Attorney revokes all prior Powers of Attorney on file with the Florida Department of Revenue with respect to the same tax matters and tax periods listed on page 1, except the following:

(7) Signature of or for taxpayer(s) _____

If signed by a corporate officer, partner, or fiduciary, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

X [Signature] PRESIDENT 3-5-98
(Signature) (Title, if Applicable) (Date)

X _____
(Signature) (Title, if Applicable) (Date)

(8) If the power of attorney is granted to an attorney, certified public accountant, law student, enrolled agent, or former Department of Revenue employee, this declaration must be completed (check applicable box(es)). I declare that:

- I am a member in good standing of the bar of the highest court of the jurisdiction indicated below;
- I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
- I am a law student who is certified pursuant to Article XVIII of the Integration Rule of the Florida Bar;
- I am an enrolled agent who is qualified to represent clients before the Internal Revenue Service as authorized in Treasury Department Circular No. 230 (Rev. 03/86);
- I am a former Department of Revenue employee and understand that, as a tax representative, I cannot accept representation in a matter upon the merits of which I had substantial responsibility while I was a public employee under Rule 28-5.1056 (2) (d) 4., F.A.C.;

Designation (Attorney, C.P.A., Law Student or Enrolled Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date
C.P.A.	FLORIDA	<u>[Signature]</u>	7-15-98

(9) If the power of attorney is granted to a person other than an attorney, certified public accountant, law student, or enrolled agent, it must be signed by the individual, witnessed and notarized.

I declare that:

I am qualified to appear in agency proceedings to represent the rights and interests of the taxpayer with respect to the tax matters enumerated in this agreement. My qualifications are as set out below:

X _____
(Signature) (Date)

(10) The person(s) signing as or for the taxpayer(s): (Check and complete both.)

is/are known to and signed in the presence of, the two disinterested witnesses, whose signatures appear here:

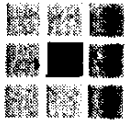
X _____
(Signature of Witness) (Date)

X _____
(Signature of Witness) (Date)

appeared this _____ day of _____ 19 _____ before a notary public and acknowledged this power of attorney as his/her/their voluntary act and deed.

(Signature of Notary Public)
Personally known _____
or Produced Identification _____
Type of Identification Produced _____

(Print Type or Stamp Name of Notary)



Richard K. Churchman, P.A.

MEMBER: AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

CERTIFIED PUBLIC ACCOUNTANT

MEMBER: FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

1255 Mason Avenue . Daytona Beach, FL . 32117
(904) 257-1646 . FAX (904) 257-1648
E-Mail - rkc@n-jcenter.com

July 15, 1998

*Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314*

*Re: James Dickson Crock, P.A.
444 Seabreeze Blvd. Ste 650
Daytona Beach, Florida 32118*

Enclosed is the 1998 Profit Corporation Annual Report and the annual fee of \$150 for the above named corporation.

The President of the corporation, James D. Crock respectfully requests abatement of the late filing fee for reasonable cause.

Mr. Crock was hospitalized for several months undergoing a bone marrow transplant for a life threatening cancer. Since Mr. Crock is a sole practitioner, the situation created near chaos administratively, causing late filing of the annual report.

Throughout this emergency, Mr. Crock has fought to stay alive, but suffered gravely in many ways, including financially. It would create a severe financial burden for him to pay a \$400 late filing penalty.

I have enclosed a signed Power of Attorney. Your approval of this request for abatement of penalty will be sincerely appreciated. Please contact me if you require any further information.

Sincerely,

*Richard K. Churchman
Certified Public Accountant*

Encl.

cc. Mr. Crock

Ord-7-11-98