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 # **H60840** **(6)**

1. Corporation Name

KIRSCHNER, MAIN, PETRIE, GRAHAM, TANNER & DEMONT , PROFESSIONAL ASSOCIATION

Principal Place of Business
ONE INDEPENDENT DRIVE
STE. 2000
JACKSONVILLE FL 32201-1559
US

Mailing Address
P O BOX 1559
JACKSONVILLE FL 32201-8559

3. Date Incorporated or Qualified: **06/07/1985**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2538889** ☐ 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
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

9. **Name and Address of Current Registered Agent**

GRAHAM, T. MALCOLM
ONE INDEPENDENT DRIVE
STE. 2000
JACKSONVILLE FL 32201

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P	☐ DELETE
NAME	KIRSCHER, KENNETH M.	
STREET ADDRESS	5441 RIVER TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	☐ DELETE
NAME	GAYLE, PETRIE	
STREET ADDRESS	8130 WEKIVA LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DV	☐ DELETE
NAME	HEEKIN, GEOFFREY T.	
STREET ADDRESS	3441 MORIER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVS	☐ DELETE
NAME	GRAHAM, T. MALCOLM	
STREET ADDRESS	4979 PRINCE EDWARD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 33221-0	
TITLE	VPD	☐ DELETE
NAME	AVERITT, BARRY C	
STREET ADDRESS	1601 OCEAN DRIVE, SOUTH, #705	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VPD	☐ DELETE
NAME	DEMONT, MICHAEL E	
STREET ADDRESS	3831 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE / 1.2 NAME	JAMES L. MAIN DV	☐	☒
1.3 STREET ADDRESS	7968 QUAILWOOD DRIVE		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216		
2.1 TITLE / 2.2 NAME	MICHAEL G. TANNER DV	☐	☒
2.3 STREET ADDRESS	4651 ARAPAHOE AVENUE		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. Malcolm Graham V.P. 2/14/96 (904) 354-4141

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

T. Malcolm Graham

CR2E034 (12/95)