

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H60840 (6)

1. Corporation Name
KIRSCHNER, MAIN, 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 32201-1559



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1985	3a. Date of Last Report 02/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2538889	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
	KIRSCHER, KENNETH M.	5441 RIVER TRAIL	JACKSONVILLE FL 32211	<input type="checkbox"/> DELETE	
	VPD	8130 WENNA LANE	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> DELETE	
	GAYLE, PETRIE	8130 WENNA LANE	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> DELETE	
	HEERIN, GEOFFREY T.	3441 MORRIS ST.	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> DELETE	
	DVS	4979 PRINCE EDWARD ROAD	JACKSONVILLE FL 33221-0	<input type="checkbox"/> DELETE	
	GRAHAM, T. MALCOLM	1801 OCEAN DRIVE, SOUTH, #705	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> DELETE	
	VPD	3831 MCQUITTS BLVD.	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> DELETE	
	DEMONT, MICHAEL E	3831 MCQUITTS BLVD.	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	VPD	MAIN, JAMES L.	7968 QUAILWOOD DRIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	VPD	TANNER, MICHAEL G	4615 ARLOW LANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	VPD	JACKSONVILLE, FL 32210	JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #
0042231

CR2E034 (9/96)