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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H61866

(0)

NC 12/23/96

1. Corporation Name

~~B. KENNETH GATLIN, P.A.~~

GATLIN, Schiefelbein & Coudery, P.A.

Principal Place of Business

1709-D MAHAN DRIVE
TALLAHASSEE FL 32308

Mailing Address

1709-D MAHAN DRIVE
TALLAHASSEE FL 32308-5270



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1985		3a. Date of Last Report 04/12/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GATLIN, B. KENNETH 1709-D MAHAN DRIVE TALLAHASSEE FL 32308				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GATLIN, B. KENNETH	1.2 NAME	
STREET ADDRESS	2915 GATLIN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	GATLIN, JOAN H.	2.2 NAME	
STREET ADDRESS	2915 GATLIN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

B. Kenneth Gatlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 904-877-5609

Date

Daytime Phone #

CR2E034 (9/96)