

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

FILED

Apr 28 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 # **H72527** (5)

1. Corporation Name  
**DOCTORS LANDING DEVELOPERS, INC.**

Principal Place of Business	Mailing Address
<b>767 BLANDING BLVD SUITE 104 BOX 1000 ORANGE PARK FL 32067</b>	<b>767 BLANDING BLVD SUITE 104 BOX 1000 ORANGE PARK FL 32067-1000</b>



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/22/1985</b>	3a. Date of Last Report <b>04/18/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2583955</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. 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		10. Name and Address of New Registered Agent	
<b>SCRUBY, FRANK M. 767 BLANDING BLVD SUITE 104 ORANGE PARK FL 32065</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	<b>SCRUBY, FRANK M.</b>		1.2 NAME								
STREET ADDRESS	<b>767 BLANDING BLVD #104</b>		1.3 STREET ADDRESS								
CITY - ST - ZIP	<b>ORANGE PARK FL</b>		1.4 CITY - ST - ZIP								
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	<b>WEDEKIND, LEE D. JR.</b>		2.2 NAME								
STREET ADDRESS	<b>2301 PARK AVENUE</b>		2.3 STREET ADDRESS								
CITY - ST - ZIP	<b>ORANGE PARK FL</b>		2.4 CITY - ST - ZIP								
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	<b>SMITH, LLOYD III</b>		3.2 NAME								
STREET ADDRESS	<b>2301 PARK AVENUE</b>		3.3 STREET ADDRESS								
CITY - ST - ZIP	<b>ORANGE PARK FL</b>		3.4 CITY - ST - ZIP								
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	<b>PREVATT, WENDELL</b>		4.2 NAME								
STREET ADDRESS	<b>8232 FT. CAROLINE ROAD</b>		4.3 STREET ADDRESS								
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		4.4 CITY - ST - ZIP								
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	<b>PREVATT, LAMAR</b>		5.2 NAME								
STREET ADDRESS	<b>5333 GOLF COURSE DRIVE</b>		5.3 STREET ADDRESS								
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		5.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (904) 268-1000

CR2E034 (9/96)