

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

002405

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90195 045 ***150.00

DOCUMENT # H77808

1. Corporation Name LAWRENCE J. NIXON, P.A.



Principal Place of Business: 619 N GRANDVIEW AVE DAYTONA BEACH FL 32118
Mailing Address: 619 N GRANDVIEW AVE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	444 Seabreeze Blvd.	26	same	10/01/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	435	27		59-2581977	
City & State		City & State		Applied For	
23	Daytona Beach, FL	28		Not Applicable	
24	32118	29		5. Certificate of Status Desired	
25	Volusia	30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WILLITS, JANINE J. 619 N GRANDVIEW AVE DAYTONA BEACH FL 32118		81 Name Janine J. Willits			
		82 Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd.			
		83 Suite 435			
		84 City Daytona Beach FL 85 Zip Code 32118			
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, LAWRENCE J.	1.2 NAME	
STREET ADDRESS	619 N GRANDVIEW AVE	1.3 STREET ADDRESS	444 Seabreeze Blvd, Ste 435
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLITS, JANINE J.	2.2 NAME	
STREET ADDRESS	619 N GRANDVIEW AVE	2.3 STREET ADDRESS	444 Seabreeze Blvd, Ste 435
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 recite 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, with all other like empowered.

SIGNATURE: *Janine J. Willits* Janine J. Willits 4/26/99 904/258-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)