FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:28

DOCUMENT # J18906 (4)

1. Corporation Name
CONE, PURCELL & FLANAGAN, P.A.

Principal Place of Business	Mailing Address
1235 ONE ENTERPRISE CENTER 225 WATER ST JACKSONVILLE FL 32202	1235 ONE ENTERPRISE CENTER 225 WATER ST JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 03/18/1994

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)

4. FEI Number: 59-2680036 ☐ 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

9. Name and Address of Current Registered Agent

CONE, FRED M, JR
ONE ENTERPRISE CENTER, SUITE 1235
225 WATER STREET
JACKSONVILLE FL 32202

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
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	1.1 TITLE		☒ Change ☐ Addition
NAME	CONE, FRED M., JR.	1.2 NAME		
STREET ADDRESS	207 INLET DR	1.3 STREET ADDRESS	225 Water Street, Suite 1235	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VTD	2.1 TITLE		☒ Change ☐ Addition
NAME	PURCELL, THOMAS K.	2.2 NAME		
STREET ADDRESS	3046 LAKE SHORE BLVD.	2.3 STREET ADDRESS	225 Water Street, Suite 1235	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VSD	3.1 TITLE		☒ Change ☐ Addition
NAME	FLANAGAN, TIMOTHY L	3.2 NAME		
STREET ADDRESS	8219 CROSSWIND ROAD	3.3 STREET ADDRESS	225 Water Street, Suite 1235	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Yong, Frank J.	
STREET ADDRESS		4.3 STREET ADDRESS	225 Water Steet, Suite 1235	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Hay, Jonathan L.	
STREET ADDRESS		5.3 STREET ADDRESS	225 Water Street, Suite 1235	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: [signature] 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0013043 GR