

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J18906 (4)

1. Corporation Name

CONE, PURCELL & FLANAGAN, P.A.

Principal Place of Business

1235 ONE ENTERPRISE CENTER  
225 WATER ST  
JACKSONVILLE FL 32202

Mailing Address

1235 ONE ENTERPRISE CENTER  
225 WATER ST  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

07/01/1986

3a. Date of Last Report

02/17/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

Signature typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PDC  
CONE, FRED M., JR.  
225 WATER ST SUITE 1235  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VTD  
PURCELL, THOMAS K.  
225 WATER ST SUITE 1235  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD  
FLANAGAN, TIMOTHY L  
225 WATER ST SUITE 1235  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
YONG, FRANK J.  
225 WATER ST, SUITE 1235  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
HAY, JONATHAN L.  
225 WATER ST SUITE 1235  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

Daytime Phone #

CR2E034 (12/95)