

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1050 Riverside Avenue Suite, Apt. #, etc. 22 City & State Jacksonville, FL 23 Zip 32204 24 Country		2a. Mailing Address 26 1050 Riverside Avenue Suite, Apt. #, etc. 27 City & State Jacksonville, FL 28 Zip 32204 29 Country		3. Date Incorporated or Qualified 07/01/1986	
4. FEI Number 59-2680036		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Cone Fred M. Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 1050 Riverside Avenue 83 84 City Jacksonville FL 85 Zip Code 32204	
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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 *Fred M. Cone Jr.* DATE 3/18/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POC CONE, FRED M., JR. 225 WATER ST SUITE 1235 JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1050 Riverside Avenue Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PURCELL, THOMAS K. 225 WATER ST SUITE 1235 JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 Lancaster Terrace Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FLANAGAN, TIMOTHY L. 225 WATER ST SUITE 1235 JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 Lancaster Terrace Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YONG, FRANK J. 225 WATER ST, SUITE 1235 JACKSONVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1050 Riverside Avenue Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAY, JONATHAN L. 225 WATER ST SUITE 1235 JACKSONVILLE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1548 Lancaster Terrace Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Fred M. Cone Jr.* DATE 3/18/98 904-355 1235

CR2E034 (10/97)