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

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (8)J37328 JAMES A. STRICKLAND, JR., P.A. Principal Place of Business Mailing Address 1351 N COURTENAY PARKWAY 1351 N COURTENAY PARKWAY P O BOX 541936 P O BOX 541836 DO NOT WRITE IN THIS SPACE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Date Incorporated or Qualified 10/09/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2724445 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Country Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. X Yes □ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOSLEY, CURTIS R. 1221 E. NEW HAVEN AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32901** 83 84 City Zip Code 85 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 CR2E034 (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change STRICKLAND, JAMES A., JR 1.2 NAME NAME 1351 N COURTENAY PKWY 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE \_\_\_ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-S1-ZIP DELETE Change Addition TITLE 5 1 TATLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 8/14/98 407-453-0330 SIGNATURE:

6 1 TITLE 62 NAME

63 STREET ADDRESS

DELETE

STREET ADDRESS

CITY - ST - ZIP

Addition

Change