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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J44103** (6)

1. Corporation Name
H. A. YEARGIN & ASSOCIATES, P.A.

Principal Place of Business
**707 MILL CREEK RD.
JACKSONVILLE FL 32211**

Mailing Address
**707 MILL CREEK RD.
JACKSONVILLE FL 32211-6404**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1986	3a. Date of Last Report 04/02/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2748264		Applied For Not Applicable	
22. Suite 400 City & State	27. Suite 400 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent YEARGIN, H. A. 707 MILL CREEK RD. Suite 400 JACKSONVILLE FL 32211				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				85. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV	1.1 TITLE	President + Director ☐ Change ☒ Addition
NAME	YEARGIN, H.A., JR.	1.2 NAME	Alice A. YEARGIN
STREET ADDRESS	707 MILL CREEK RD #300	1.3 STREET ADDRESS	707 MILL CREEK RD #400
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	JAX, FL 32211
TITLE	DS	2.1 TITLE	SR. VP + DIRECTOR ☐ Change ☒ Addition
NAME	YEARGIN, DAVID W.	2.2 NAME	H.A. YEARGIN SR.
STREET ADDRESS	707 MILL CREEK RD #300	2.3 STREET ADDRESS	707 MILL CREEK RD #400
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	JAX, FL 32211
TITLE		3.1 TITLE	VP + DIRECTOR ☒ Change ☐ Addition
NAME		3.2 NAME	DAVID W. YEARGIN
STREET ADDRESS		3.3 STREET ADDRESS	707 MILL CREEK RD #400
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	JAX, FL 32211
TITLE		4.1 TITLE	Secy + TREASURER ☐ Change ☒ Addition
NAME		4.2 NAME	DONNA L. HEAD
STREET ADDRESS		4.3 STREET ADDRESS	707 MILL CREEK RD #400
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	JAX FL 32211
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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: **H.A. Yeargin** **H.A. YEARGIN** 3-11-97 904-805-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)