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Mailing Address

% ROBERT A. COLE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J48289

1. Corporation Name

Principal Place of Business % ROBERT A. COLE

COLE, STONE, STOUDEMIRE & MORGAN, P.A.

3. Date Incorporated or Qualified 12/19/1986 2. Principal Place of Business 2a Mailing Address 4. FEI Number Applied For 21 21/19/1986 4. FEI Number Applied For 21 26 26 27 28 27 29 27 20 27 20 27 20 27 20 28 28 29 29 29 20 29 20 20 20	76 SO LAURA STREET 1700 JACKSONVILLE FL 32202 US		76 SO LAURA STREET 1700 JACKSONVILLE FL 32202 US			DO NOT WRITE IN THIS SPACE		
2 Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable Not Applicable Suite, Apt. #, etc. Suit						3. Date Incorporated or Qualifed		
2. Principal Place of Business	00					12/19/1986		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
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City & State Ci	Suite, Apt.	#, etc.	⊢ ''			_		
25 26 27 27 28 29 30 30 30 30 30 30 30 3						Election Campaign Financing	\$5.0	May Be
Zip Country Zip	–	=	├- ŋ '			1 **		•
28		Country		Countr			tangible	
9. Name and Address of Current Registered Agent COLE, ROBERT A. 76 SOUTH LAURA STREET SUITE 1700 JACKSONVILLE FL 32202 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506. 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DT OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DT OFFICERS AND DIRECTORS 13. STREET ADDRESS STONE, WILLIAM T. STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 12 INTIE DP OELETE 13. TILE DP OELETE 13. TILE OFFICERS AND DIRECTORS IN 12 12 INTIE DP OELETE 3. TITLE DP OELETE 3. TITLE DP OELETE 3. TITLE DP OELETE 3. TITLE DP OELETE 4. TITLE DP OELETE 5. TITLE	一 ,	r -		0	•	1		□No
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SUITE 1700 JACKSONVILLE FL 32202 88 6 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 originator of special pagent, 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 originators on Section 607.0502, Florida Statutes. SIGNATURE Signature, typed or privad name of registered agent and time if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DT DELETE 1.1 TITLE 1.2 NAME STONE, WILLIAM T. STORE, WILLIAM T. STORE, WILLIAM T. STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 1.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 2.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 2.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 2.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.3 STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 3.4 CITY. ST. ZIP MAME MORGAN, MARY N 4.2 NAME STREET ADDRESS 76 SO LAURA STREET, SUITE 1700 4.2 NAME MORGAN, MARY N 5TREET ADDRESS 76 SO LAURA STREET, SUITE 1700 4.2 NAME MORGAN, MARY N 5TREET ADDRESS 76 SO LAURA STREET, SUITE 1700 57 NAME MORGAN, MARY N 5TREET ADDRESS 76 SO LAURA STREET, SUITE 1700 57 NAME MORGAN, MARY N 5TREET ADDRESS 76 SO LAURA STREET, SUITE 1700 57 NAME DELETE 57 NAME DELETE 57 NAME 57 N	· · ·			04	Suser/	radices (F.O. DOX Mainbel is 1401 Accoptable)		
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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 agent, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					City	FL	_ 53 4	it Cone
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12. OFFICERS AND DIRECTORS 1.1 ITILE DT	agent. La	m tamiliar with, and accept the obligation	ons of, Section 607.0303, Florid	a Statute	ъ.			
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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, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90076 031 ***150.00