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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J51897

(3)

1. Corporation Name:

DALE, BALD & ALTES, P.A.

Principal Place of Business

DALE, BALD & ALTES, P.A.
200 W. FORSYTH ST. STE 1100
JACKSONVILLE FL 32202
US

Mailing Address

DALE, BALD & ALTES, P.A.
200 W. FORSYTH ST. STE 1100
JACKSONVILLE FL 32202-4308
US



3. Date Incorporated or Qualified

01/09/1987

3a. Date of Last Report

03/01/1996

4. FEI Number

59-2756350

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DALE, HOWARD L.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE FL 32202-0888

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DALE, HOWARD L.
STREET ADDRESS 1117 PALMER TERRACE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE DST
NAME BALD, WILLIAM A.
STREET ADDRESS 1157 JAMAICA ROAD WEST
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE AS
NAME ALTES, MICHAEL A
STREET ADDRESS 4880 LANCELOT LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

TITLE AS
NAME CANDETO, MICHAEL A
STREET ADDRESS 29 ARBOR CLUB DR., #108
CITY-ST-ZIP PONTE VEDRA BEACH FL

☐ DELETE

add
TITLE AS
NAME Bruce G. Stutzman
STREET ADDRESS 1301 Hammond Blvd.
CITY-ST-ZIP Jacksonville, FL 32221

☐ DELETE

add
TITLE AS
NAME Russell H. Showalter, Jr.
STREET ADDRESS 7819 Glen Echo Rd. N.
CITY-ST-ZIP Jacksonville FL 32211

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

add AS
Lee F. Mercier
1956 Largo Place
Jacksonville, FL 32202

☐ Change ☐ Addition

14. I do 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:

Howard L. Dale, PRES. 1/6/97 (904) 355-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)