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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J51897 1. Corporation Name

DALE, BALD, SHOWALTER & MERCIER, P.A.

FILED							
Apr 21, 1999 8:00 am							
Secretary of State							

04-21-1999 90094 006 \*\*\*150.00



Principal Place of Business		Mailing Address				
DALE. BALD. SHOWALTER & MERCIER. PA 200 W. FORSYTH ST. STE 1100		DALE: BALD & ALTES: F.A: 200 W. FORSYTH ST. STE 1100 JACKSONVILLE FL 32202 US				
				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
JACKSONVILLE FL 32202 US				3. Date Incorporated or Qualifed		
03		Dale Bald, Showal	ton & Magain			]
2 Principal P	lace of Business	2a. Mailing Address	COER : FILEREN	4. FEI Number	App	lied For
21		26 200 W. FORSYTH St.		59-2756350	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27 Snite 1100		5. Certificate of Status Desired  Fee Required		uired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 Jacksonville,	<u> </u>	Trust Fund Contribution	Added to	Fees
Zip	Country		Country	8. This corporation owes the current year I		⊐No I
24	25	29 32202-430830	<u>usa</u>	Personal Property Tax.  10. Name and Address of New Registere		7140
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	u Agent	
DALI	E HOWARD I		OT Name			
DALE, HOWARD L. 200 W. Forsyth St., Ste. 1100		,	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202- <del>0000-</del>			83			
0,101	4308				<del>,</del>	
	• *		84 City	F	85 733	25-U30
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes th	e above-named co	orporation submits this statement for the purpose	of changing its r	registered
office or s	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was author	ized by the corpor	ation's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	14.2.5			uired when reinstating) DATE		}
	Signature, typed or printed name of registered agent OFFICERS AND		tered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	RS IN 12
12.	PD V.P.D.		I,1 TITLE	ADDITIONAL PROPERTY OF THE PERTY OF THE PERT	Change	Addition
NAME	DALE, HOWARD L.		I.2 NAME			
STREET ADDRESS		1	1.3 STREET ADDRESS			}
CITY-ST-ZIP	JACKSONVILLE FL	l.	1.4 CITY-ST-ZIP			1
TITLE	DST	<del></del>	2.1 TITLE		☐ Change	Addition
NAME	BALD, WILLIAM A.		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP .	JACKSONVILLE FL		2. 4 CITY-ST-ZIP			
TITLE	AS	DELETE :	3.1 TITLE	is snowalter, Russell H, JR. 82 SARAGOSSA St. 5t. Augustine, 7L 30084	Change Change	☐ Addition
NAME	SHOWALER, RUSSELL H JR		3.2 NAME	snowalter, russell it, or.		
STREET ADDRESS	AL FOLIO		3.3 STREET ADDRESS	SARAGOSSA SE		Í
CITY-ST-ZIP	JACKSONVILLE FL 32211-		3.4. CITY-ST-ZIP	St. Augustine, TL 32084	<u> </u>	
TITLE	AS	☐ DELETE	CITTLE F	andeto, Michael A. N. # 151. 0135 Gate Parkway N. # 151.	Change	☐ Addition
NAME	CANDETO, MICHAEL A		4.2 NAME	DIZS GATE PARKWAY N. # 151	7	
STREET ADDRESS		•	4.3 STREET ADDRESS	1015 CHA 111111 1 20011		
CITY-ST-ZiP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	Jacksonville, 7L 32246		D Addiston
TITLE	AS- P., D.		5.1 π/LE		☐ Change	☐ Addition }
NAME	MERCIER, LEE F.		5.2 NAME			1
STREET ADDRESS	1000 - 1100		5.3 STREET ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		F7 01	C Addition
TITLE	Į	- Deceit	5.1 TITLE		Change	☐ Addition
NAME	1		5.2 NAME			1
						Į.
STREET ADDRESS			6.3 STREET ADDRESS			1

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.

OF SIGNING OFFICER OR DIRECTOR