2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J51897

1. Entity Name
DALE, BALD, SHOWALTER & MERCIER, P.A.

Principal Place of Business	Mailing Address
DALE, BALD, SHOWALTER & MERCIER, PA 200 W. FORSYTH ST, STE 1100 JACKSONVILLE, FL 32202 US	DALE, BALD, SHOWALTER & MERCIER, PA 200 W. FORSYTH ST, STE 1100 JACKSONVILLE, FL 32202-4308 US

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2756350
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202-4308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DALE, HOWARD L.
STREET ADDRESS	1117 PALMER TERRACE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DST
NAME	BALD, WILLIAM A.
STREET ADDRESS	1157 JAMAICA ROAD WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	DAS
NAME	SHOWALER, RUSSELL H JR
STREET ADDRESS	32 SARAGOSSA ST
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	AS
NAME	CANDETO, MICHAEL A
STREET ADDRESS	10135 GATE PARKWAY N #1512
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	DV
NAME	MERCIER, LEE F.
STREET ADDRESS	1956 LARGO PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	AS
NAME	SAIEG, JULIE A
STREET ADDRESS	1410 MONTICELLO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

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04/22/04-80091-006 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard L. Dale President HOWARD L. DALE 4-16-04 904-355-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #