

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # J82896 (8)

1. Corporation Name

~~SCHULMAN, HOWARD, & HEMPHILL, P.A.~~

NAME Change SH 5/0

Schulman & Howard, P.A.

Principal Place of Business

Mailing Address

337-C E. BAY ST.  
JACKSONVILLE FL 32202  
US

337-C E. BAY ST.  
JACKSONVILLE FL 32202  
US

95 MAY -3 PM 1:48



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2431 BLANDING BLVD		26 2431 BLANDING BLVD		07/14/1987		03/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2843337		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 JACKSONVILLE FL		28 JACKSONVILLE, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 32210		29 32210		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Duval		30 DUVAL					

9. Name and Address of Current Registered Agent

HEMPHILL, R. CRAIG  
2404 IRONWOOD DRIVE  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name HOWARD, JOSEPH W.  
82 Street Address (P.O. Box Number is Not Acceptable) 2431 BLANDING BLVD  
83  
84 City JACKSONVILLE FL 85 Zip Code 32210

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 Joseph W Howard

DATE April 12, 1996

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HEMPHILL, R CRAIG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2404 IRONWOOD DR.	1.2 NAME	6000001809596
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	-05/06/96--01078--001
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****235.00 ****200.00
TITLE	D SCHULMAN, WARREN J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4219 LALOSA DR	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HOWARD, JOSEPH W.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1630 CELLAR CIRCLE	3.2 NAME	B,D
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph W Howard

DATE April 12, 1996 904-387-4501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)