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Apr 02 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 # K03120 (8)  
1. Corporation Name  
JACKSON AND MASON, ATTORNEYS AT LAW, P.A.



Principal Place of Business Mailing Address  
516 WEST ADAMS STREET 516 WEST ADAMS STREET  
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4804

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 01/01/1988 3a. Date of Last Report 03/19/1996  
4. FEI Number 59-2859041 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

9. Name and Address of Current Registered Agent JACKSON, EDWARD P.  
516 WEST ADAMS ST.  
JACKSONVILLE FL 32202  
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 typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT	NAME	JACKSON, EDWARD P.	1.1 TITLE		Change	Addition
STREET ADDRESS	516 WEST ADAMS ST.			1.2 NAME			
CITY-ST-ZIP	JACKSONVILLE FL			1.3 STREET ADDRESS			
TITLE	DPS	NAME	MASON, DEMERE	1.4 CITY-ST-ZIP			
STREET ADDRESS	516 WEST ADAMS ST.			2.1 TITLE		Change	Addition
CITY-ST-ZIP	JACKSONVILLE FL			2.2 NAME			
TITLE		NAME		2.3 STREET ADDRESS			
STREET ADDRESS				2.4 CITY-ST-ZIP			
CITY-ST-ZIP				3.1 TITLE		Change	Addition
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/28/97 94-358-1952 Date Daytime Phone #

CR2E034 (9/96)