

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90054 025 \*\*\*150.00

0037262

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K10652

1. Corporation Name  
CORNELIUS, CULPEPPER, SCHOU & LEONE, P.A.

Principal Place of Business  
% ROBERT A. CULPEPPER JR  
4496 SOUTHSIDE BLVD. S-200  
JACKSONVILLE FL 32216

Mailing Address  
% ROBERT A. CULPEPPER JR  
4496 SOUTHSIDE BLVD. S-200  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/01/1988

4. FEI Number  
59-2859037

Applied For  
Not Applicable

2. Principal Place of Business  
21 c/o BENJAMIN CORNELIUS  
Suite, Apt. #, etc.  
22 4496 SOUTHSIDE BLVD S-200

2a. Mailing Address  
26 c/o BENJAMIN CORNELIUS  
Suite, Apt. #, etc.  
27 4496 SOUTHSIDE BLVD S-200

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
JACKSONVILLE, FL

28 City & State  
JACKSONVILLE, FL

6. Election Campaign Financing - Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip Country  
32216 USA

29 Zip Country  
32216 USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENJAMIN A CORNELIUS  
4496 SOUTHSIDE BLVD STE 200  
SUITE 200  
JACKSONVILLE FL 32216

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNELIUS, BENJAMIN A.	1.2 NAME	JOHN R. LEONE
STREET ADDRESS	4496 SOUTHSIDE BLVD	1.3 STREET ADDRESS	4496 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK J SCHOU	2.2 NAME	
STREET ADDRESS	4496 SOUTHSIDE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		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 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.

SIGNATURE: BA Cornelius HEO 2/1/99 904/602-1780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)