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Apr 14 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 # K19056 (6)

1. Corporation Name
EDWARD F. SIMPSON, JR., P.A.

Principal Place of Business
% EDWARD F. SIMPSON, JR.
595 WEST GRANADA BLVD.
ORMOND BCH FL 32174-5401

Mailing Address
% EDWARD F. SIMPSON, JR.
595 WEST GRANADA BLVD.
ORMOND BCH FL 32174-5401



2. Principal Place of Business
21 Suite, Apt #, etc. Suite A
22 City & State
23 Zip 32174 Country
24 25 26 27 Suite A
28 City & State
29 32174 30 Country

3. Date Incorporated or Qualified 04/01/1988
3a. Date of Last Report 02/02/1996
4. FEI Number 59-2882888
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
SIMPSON, EDWARD F., JR.
595 W. GRANADA BLVD
SUITE A
ORMOND BCH FL 32074

10. Name and Address of New Registered Agent
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE
NAME SIMPSON, EDWARD F., JR.
STREET ADDRESS 595 W GRANADA BLVD., STE A
CITY-ST-ZIP ORMOND BEACH FL
2. TITLE
NAME SIMPSON, SCOTT E
STREET ADDRESS 595 W GRANADA BLVD, STE A
CITY-ST-ZIP ORMOND BCH FL
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Scott E. Simpson (Scott E. Simpson) 4/9/97 (904) 672-3431

CR2E034 (9/96)