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**Feb 26 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 # K28259 (5)
1. Corporation Name
FONTAINE & SONS REIMBURSEMENT CONSULTANTS, INC.



Principal Place of Business Mailing Address
5238 SAN JUAN AVE JACKSONVILLE, FL JACKSONVILLE FL 32210 US
5238 SAN JUAN AVW P.O. BOX 61915 JACKSONVILLE FL 32236-1915 US

3. Date Incorporated or Qualified **07/06/1988** 3a. Date of Last Report **04/29/1996**
4. FEI Number **59-2904169** 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

2. Principal Place of Business 2a. Mailing Address
21 **1225 South Ellis Rd** 26 **same**
State, Apt. #, etc. Suite, Apt. #, etc.
22 **Jacksonville FL** 27
City & State City & State
23 **32205** 28
Country Zip Country
24 **Dual** 29 30

9. Name and Address of Current Registered Agent
**FONTAINE, WILLIAM E., JR.
8698 HAMMOND FOREST DR
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81 Name **same**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **Jacksonville** 85 Zip Code **FL 32221**

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 **Wm E Fontaine Jr** DATE **2/20/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FONTAINE, WILLIAM E., JR
STREET ADDRESS	8698 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	FONTAINE, REBECCA, L
STREET ADDRESS	8698 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FONTAINE, WILLIAM, E, II
STREET ADDRESS	8698 HAMMONS FOREST DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FONTAINE, J, RYAN
STREET ADDRESS	8698 HAMMONS FOREST DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FONTAINE, JUSTIN, L
STREET ADDRESS	8698 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Wm E Fontaine Jr** DATE: **2/20/97** DAYTIME PHONE #: **(904) 783-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)