


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

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Apr 21 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 # K48253 (4) 1. Corporation Name DAVID & MORROW, P.A.			
Principal Place of Business 1301 GULF LIFE DRIVE 2600 GULF LIFE TOWER JACKSONVILLE FL 32207 US		Mailing Address 1301 GULF LIFE DRIVE 2600 GULF LIFE TOWER JACKSONVILLE FL 32207-8047 US	
2. Principal Place of Business 1301 Riverplace Blvd.		2a. Mailing Address 1301 Riverplace Blvd.	
21 Suite, Apt #, etc. Suite 2600		26 Suite, Apt #, etc. Suite 2600	
22 City & State Jacksonville, FL		27 City & State Jacksonville, FL	
23 Zip 32207		28 Zip 32207	
24 Duval		29 Duval	
9. Name and Address of Current Registered Agent MORROW, JEFFERSON W. 2501 GULF LIFE TOWER 1301 GULF LIFE DRIVE JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent MORROW, JEFFERSON W. 1301 Riverplace Boulevard Suite 2600 Jacksonville FL 32207	
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: <i>[Signature]</i> DATE: <i>[Date]</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAVID, RAYMOND A., JR. 2501 GULF LIFE TOWER JACKSONVILLE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D MORROW, JEFFERSON W. 2501 GULF LIFE TOWER JACKSONVILLE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jefferson W. Morrow		April 15, 1997 (904) 399-5626 Date Daytime Phone #	



CR2E034 (9/96)