

2-27-95 B-1443-C

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 FEB 22 AM 9: 53

DOCUMENT # L02161 (2)

1. Corporation Name LANCASTER WHITAKER OFFICE, P.A.

Principal Place of Business 410 JACKSONVILLE DRIVE JACKSONVILLE BEACH FL 32250 Mailing Address 410 JACKSONVILLE DRIVE JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1989 3a. Date of Last Report 03/18/1994

2. Principal Place of Business 21 2a. Mailing Address 26

4. FEI Number 59-2953552 Applied For Not Applicable

22 Suite, Apt. #, etc. 27

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

23 City & State 28

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

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes X No

9. Name and Address of Current Registered Agent LANCASTER, STEVEN J. 1141 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent 81 Name LANCASTER, STEVEN J. 82 Street Address (P.O. Box Number is Not Acceptable) 410 JACKSONVILLE DR 83 84 City JACKSONVILLE BEACH FL 85 Zip Code 32250

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] DATE: [Blank]

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer names (LANCASTER, STEVEN M.D., WHITAKER, DALE M.D.) and their addresses.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 15 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: X [Signature] 2-13-95 904-241-1204