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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L05220** (3)

1. Corporation Name

**OSBORNE, MCNATT, SHAW, O'HARA, BROWN & OBRINGER,  
PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

C/O JACK W. SHAW JR.  
225 WATER ST STE 1400  
JACKSONVILLE FL 32202

C/O JACK W. SHAW JR.  
225 WATER ST STE 1400  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/28/1989</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-2959629</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SHAW, JACK W. JR.  
1 ENTERPRISE CENTER, SUITE 1400  
225 WATER STREET  
JACKSONVILLE FL 32202-5147**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>
NAME	<b>BEARDSLEY, DALE</b> <i>Beardsley, Dale</i>
STREET ADDRESS	<b>225 WATER ST, STE 1400</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b>
NAME	<b>SPRADLEY, W JACK</b>
STREET ADDRESS	<b>225 WATER ST STE 1400</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b>
NAME	<b>OBRINGER, MICHAEL J.</b>
STREET ADDRESS	<b>225 WATER ST STE 1400</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>P</b>
NAME	<b>SHAW, JACK W JR</b>
STREET ADDRESS	<b>225 WATER ST, STE 1400</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Beardsley, Dale</b> <i>Beardsley, Dale</i> <u>Spelling</u>
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	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DeCandio, Michael J.</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jack W. Shaw, Jr. President **4/25/95** **904-354-0624**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR