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Apr 23 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 # **L43483** (1)
1. Corporation Name
PROGRAMMED ANALYST MANAGEMENT COMPANY



Principal Place of Business
**% MITCHELL W. LEGLER
200 LAURA ST
JACKSONVILLE FL 32202-3510**

Mailing Address
**C/O MITCHELL W. LEGLER
ONE INDEPENDENT DRIVE.. #3104
JACKSONVILLE FL 32202-5026**

3. Date Incorporated or Qualified 01/15/1990	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2990772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LEGLER, MITCHELL W.
ONE INDEPENDENT DRIVE
SUITE 3104
JACKSONVILLE FL 32202**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE	1.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DODSON, WILLIAM H.		1.2 NAME DODSON, WILLIAM H.	
STREET ADDRESS 1334 CAMPBELL AVE		1.3 STREET ADDRESS 4567 CORRIENTES CIRCLE, S.	
CITY- ST- ZIP JACKSONVILLE FL 32207		1.4 CITY- ST- ZIP JACKSONVILLE, FL 32217	
TITLE DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILLIMAN, MARK W		2.2 NAME HARRIETTE Y. DODSON	
STREET ADDRESS 1701 N. 1ST ST., #11-B		2.3 STREET ADDRESS 4567 CORRIENTES CIRCLE, S.	
CITY- ST- ZIP JACKSONVILLE FL 32250		2.4 CITY- ST- ZIP JACKSONVILLE, FL. 32217	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILLIMAN, DUNNING B		3.2 NAME PATTERSON Y. LAMB	
STREET ADDRESS 1701 N. 1ST ST., #11-B		3.3 STREET ADDRESS RTE. 3, BOX 259	
CITY- ST- ZIP JACKSONVILLE FL 32250		3.4 CITY- ST- ZIP TALLAHASSEE, FL 32308	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 as an attachment with an address.

SIGNATURE: Wm. H. Dodson William H. Dodson April 16, 1997 904-636-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)