

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M69953** (1)
1. Corporation Name
McFARLAIN, WILEY, CASSEDY & JONES, P.A.

Principal Place of Business 215 SOUTH MONROE STREET, SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-9174	Mailing Address 215 SOUTH MONROE STREET, SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-9174
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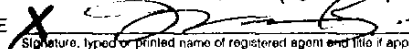


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 02/29/1988	
21		26		4. FEI Number 59-2872417	
22		27		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILEY, WILLIAM B 215 S MONROE ST #600 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 **2/11/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McFARLAIN, RICHARD C			1.2 NAME	BARKAS, CHRISTOPHER		
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600			1.3 STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMULLEN, LINDA			2.2 NAME	MARDENBOROUGH, HAROLD R., JR.		
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600			2.3 STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600		
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILEY, WILLIAM B.			3.2 NAME			
STREET ADDRESS	215 S. MONROE ST. #600			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JR H DARRELL			4.2 NAME			
STREET ADDRESS	215 SOUTH MONROE ST #600			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DOUGLAS P.			5.2 NAME			
STREET ADDRESS	215 S. MONROE ST. #600			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAMPELOS, CHARLES A.			6.2 NAME			
STREET ADDRESS	215 S. MONROE ST. #600			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			6.4 CITY-ST-ZIP			

14. I 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:  DATE **2/11/98**

CR2E034 (10/97)