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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M73209

(2)

1. Corporation Name:

ALLEN, BRINTON & SIMMONS, P.A.

Principal Place of Business

1 INDEPENDENT DR
STE - 3200
JACKSONVILLE FL 32202-5026
US

Mailing Address

1 INDEPENDENT DR
STE - 3200
JACKSONVILLE FL 32202-5026
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

03/16/1988

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2876572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BRINTON, WILLIAM D.
1 INDEPENDENT DR
STE - 3200
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

Signature of a person who is not a registered agent and file is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALLEN, A. GRAHAM
STREET ADDRESS 505 LANCASTER ST., #10A
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE DVT
NAME BRINTON, WILLIAM D.
STREET ADDRESS 1835 CHALLEN AVE.
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE DVS
NAME SIMMONS, SIDNEY S., II
STREET ADDRESS 4391 VENETIA BOULEVARD
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE V
NAME MC CARTHY, EDWARD I
STREET ADDRESS 4871 IVANHOE RD
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS 1596 Lancaster Terrace, #2A
14 CITY-STATE-ZIP Jacksonville, FL 32204

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

William D. Brinton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

Date

904/353-8800

Daytime Phone #

CR2E034 (9/96)