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Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M81194** (6)
1. Corporation Name
**MALCOLM L. STEPHENS, JR., PROFESSIONAL ASSOCIATI
ON**

Principal Place of Business

Mailing Address

**101 "F" STREET
ST. AUGUSTINE FL 32084
US**

**1093 A1A BEACH BLVD.
SUITE 251
ST. AUGUSTINE FL 32084
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENS, BARBARA L.
1093 A1A BEACH BLVD.
SUITE 251
ST. AUGUSTINE BEACH FL 32084**

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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **STEPHENS, MALCOLM L. JR.**
STREET ADDRESS **1093 A1A BCH. BLVD., STE. 251**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **TD** ☐ DELETE

NAME **STEPHENS, BARBARA L.**
STREET ADDRESS **1093 A1A BCH. BLVD., STE. 251**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (10/97)



NATIONAL ACADEMY OF
ELDER LAW ATTORNEYS, INC.

LAW OFFICES OF
MALCOLM L. STEPHENS, JR.
PROFESSIONAL ASSOCIATION
101 "F" STREET
ST. AUGUSTINE BEACH, FLORIDA 32084

TELEPHONE (904) 471-4800
FACSIMILE (904) 471-1944

MAILING ADDRESS
1093 AIA BEACH BLVD. #251
ST. AUGUSTINE, FLORIDA 32084

January 5, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Malcolm L. Stephens, Jr.
Professional Association
Document No. M81194

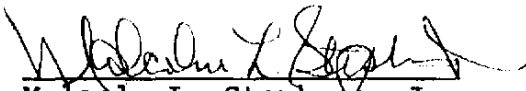
Enclosed please find the following:

1. 1998 Profit Corporation Annual Report Form
2. Our check No. 3447 in the sum of \$ 150.00 made payable to "Department of State".

Sincerely,

Malcolm L. Stephens, Jr.,
Professional Association

By:


Malcolm L. Stephens, Jr.

MLSJr/ag