

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

FILED
Apr 14 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000059300 (2)
 1. Corporation Name
GHIOTTO AND ASSOCIATES, INC.



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| Principal Place of Business ONE SAN JOSE PLACE SUITE 26 JACKSONVILLE FL 32257 US | Mailing Address ONE SAN JOSE PLACE SUITE 26 JACKSONVILLE FL 32257 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 <i>One San Jose Place</i> Suite, Apt. #, etc. 22 <i>Suite 5</i> City & State 23 <i>JACKSONVILLE FL</i> Zip 24 <i>32257</i> Country 25 <i>US</i> | | 2a. Mailing Address 26 <i>One San Jose Place</i> Suite, Apt. #, etc. 27 <i>SUITE 5</i> City & State 28 <i>JACKSONVILLE FL</i> Zip 29 <i>32257</i> Country 30 <i>US</i> | | 3. Date Incorporated or Qualified 08/24/1993 | |
| 4. FEI Number 59-3203364 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent WARD, DOUGLAS A 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207 | | | | 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 | |
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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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D GHIOTTO, PHILIP M | 1.2 NAME | President - D Ghiotto Philip M. |
| STREET ADDRESS | ONE SAN JOSE PLACE, SUITE 26 | 1.3 STREET ADDRESS | One San Jose Place, Suite 5 |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D CLARY, GREGORY B | 2.2 NAME | |
| STREET ADDRESS | 3830 CROWN POINT ROAD SUITE A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 <i>Delete</i> | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <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 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: *Philip M. Ghiotto* **PHILIP M. GHIOTTO 4/13/98** 904 886 0071

CP2E034 (10/97)