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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 26 1997 8:00am

Secretary of State

2/45/47 904/354-8429

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000076629 (3)

REESE MARSHALL, P.A.

appears in Block 12 or Biod

SIGNATURE:

The cable into	B.C. OF ORIGINA 33	Maing Address	Mading Address					
214 E. ASHLEY STREET JACKSONVILLE FL 32202		214 E. ASHLEY STREET JACKSONVILLE FL 32202-3120						
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1996		
2. Principal Place of Business 2a. Mailing Addr			38 ,		4. FEI Number	<del></del>	oplied For	
21		26			59-3210435		ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	}		5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional		
22		27				Fee Re	equired	
City & Sta 23		City & State		·····	Election Campaign Financing     Trust Fund Contribution	Added A		
Ζφ 1.1	Country	Z:p	· · · · · · · · · · · · · · · · ·			This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Cu	29   rrant Pagistared Agent	30		Florida Statutes  10. Name and Address of New Reg	Yes No		
		ment negistered Agent	81	Name		jisterea Agent	<del></del>	
	RSHALL, REESE			Numo				
	i e. Ashley streeet Cksonville FL 32202		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		FL 85 Zip	Code	
11. Pursuani	it to the provisions of Sections 607	0502 and 607.1508. Florida Statu	ites, the abov	e-named	corporation submits this statement for the p	urnose of changing it	ts registered	
office or	rregistered agent, or both, in the S am familiar with, and accept the of	State of Florida, Such change was	: authorized h	v the cor	poration's board of directors. I hereby accep	it the appointment as	registered	
SIGNATURE			101100 0,	μ.				
SIGINATORE	Salctor tyrraler principle electric gisterer	ed agent and title it appropable. (NO	)TE Registered Ag	ent signaturi	e required when reinstating)	DATE	***************************************	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		3S IN 12	
Til.E	PA	DELETE	1 1 TITLE			Change	☐ Addition	
NAME	REESE, MARSHALL		12 NAME					
STREET ADDRESS			1.3 STREE!	T ADDRESS				
CI** \$1-70*	JAX FL		1.4 DITY-5	ST-ZIP				
100.F		☐ DELETE	21 TITLE			Change	Addition	
NAME			22 NAME					
STREET ADDRESS	:		2 3 STREET	í address				
Clan Str Mo			2 4 CiTY -	ST-ZIP		<del></del>		
THE		DELETE	3 1 TITLE			☐ Change	Addition	
NAME			3 2 NAME		:;*	\$ 50 1		
STREET ADORESS	,		3 3 STREET	ADDRESS				
COY ST-7 P			3.4. CITY -	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TillE		L DELETE	4.1 TITLE			Change	Addition	
HAME			4. 2 NAME					
STREET ADORESS	·		4.3 STREET	ADDRESS	·			
CHY-S1-7P		Peren	4.4 CITY - S	ST-ZIP	• • • • • • • • • • • • • • • • • • • •			
TILE		L_] DELETE	5.1 T(TLE			Change	Addition	
MAME			5.2 NAME					
STE-ET ALDIRESS			5.3 STREET					
SHY-ST ZH		Dougar	5.4 CITY - S	iT-ZIP		[ ] Ob	1.2.191	
MILE		DELETE	6.1 TITLE			L Change	Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET					
CITY-ST ZIF	aboresettly that the information cur-	alled with this filling done not our	6.4 CITY-S	iI-ZIP	L stated in Section 119.07(3)(i), Florida Statutes	- 1 Cooks - costile that	41	
informate Lan and	on indicated on this any all report officer or director of the corporatio	or supplemental annual report is in or the receiver or trustee empor	true and acci	urate and oute this	stated in Section 119.07(3)(i), Florida Statutes If that my signature shall have the same legal report as required by Chapter 607, Florida St	<ol> <li>Hutther certify inact leffect as if made unitatives; and that my r</li> </ol>	tne der oath; tha name	