

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000025017 (2)

1. Corporation Name
COX & BURNS, P.A.

Principal Place of Business
**122 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

Mailing Address
**122 S CALHOUN ST
TALLAHASSEE FL 32301-1518
US**

FILED

97 MAY -1 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3245003

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

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

Yes No

9. Name and Address of Current Registered Agent

**BURNS, DAVID H
122 SOUTH CALHOUN STREET
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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D** DELETE
NAME: **COX, ROBERT S**
STREET ADDRESS: **122 S CALHOUN STREET**
CITY- ST- ZIP: **TALLAHASSEE FL 32301**

11 TITLE: Change Addition
12 NAME: **300002167873--2**
1.3 STREET ADDRESS: **-05/06/97--01100--018**
1.4 CITY- ST- ZIP: ******165.00 ****165.00**

TITLE: **D** DELETE
NAME: **BURNS, DAVID H**
STREET ADDRESS: **122 S CALHOUN STREET**
CITY- ST- ZIP: **TALLAHASSEE FL 32301**

2.1 TITLE: **Vice President** Change Addition
2.2 NAME: **Burns, David H.**
2.3 STREET ADDRESS:
2.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY- ST- 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)(a), 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:

David H Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

561-7106

Daytime Phone #

CR2E034 (9/96)