

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000042989 (1)**

1. Corporation Name  
**LEXICOM, INC.**



Principal Place of Business      Mailing Address  
**2301 PARK AVE.  
SUITE 404  
ORANGE PARK FL 32073**      **2301 PARK AVE.  
SUITE 404  
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/06/1994**      **08/01/1995**  
4. FEI Number      Applied For  
**59-3246714**      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

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

**9. Name and Address of Current Registered Agent**

**FULLER, BARRY J  
2301 PARK AVE.  
SUITE 404  
ORANGE PARK FL 32073**

**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	PD DUVAL, STEPHEN J 1301 PARK AVE STE 402 ORANGE PARK FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD DUVAL, SHIRLEY A 2301 PARK AVE STE 402 ORANGE PARK FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Duval, Shirley E.
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPRD CARTER, NICK 10336 AUTUMN VALLEY RD JACKSONVILLE FL	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	VPOD SCHNEIDER, CATHY 10336 AUTUMN VALLEY RD JACKSONVILLE FL	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	SD FULLER, BARRY J 2301 PARK AVE STE 404 ORANGE PARK FL	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	VPD FULLER, JULIET C 2301 PARK AVE STE 404 ORANGE PARK FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Shirley E Duval* Shirley E. Duval      4/30/96      904 269-1069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)