

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051136 (7)

1. Corporation Name

J.D. GARNER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2201 4TH ST. NORTH
SUITE G
ST. PETERSBURG FL 33704

2201 4TH ST. NORTH
SUITE G
ST. PETERSBURG FL 33704-4300

2. Principal Place of Business

2a. Mailing Address

21 8050 Seminole Mall

26 P.O. Box 15668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 340

27

City & State

City & State

23 Seminole FL

28 St. Petersburg FL

Zip Country

Zip Country

24 33772 25 Pinellas

29 33733-5668 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, RICHARD O
13577 FEATHER SOUND DR.
SUITE 300
CLEARWATER FL 34622

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

J.D. Garner
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARNER, JEFF D
STREET ADDRESS 2201-4TH ST. N.
CITY- ST- ZIP ST. PETERSBURG FL

1.1 TITLE PD
1.2 NAME Garner, Jeff D.
1.3 STREET ADDRESS 8050 Seminole Mall, Ste. 340
1.4 CITY- ST- ZIP Seminole FL 33772

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Date

Daytime Phone #

CR2E034 (9/96)