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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000061073 (0)**

1. Corporation Name
LAQUIDARA & EDWARDS, P.A.

Principal Place of Business	Mailing Address
1629 RIVERPLACE TOWER 1301 GULF LIFE DR. JACKSONVILLE FL 32207	1629 RIVERPLACE TOWER 1301 GULF LIFE DR. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 08/09/1994	3a. Date of Last Report
4. FEI Number 59-3252 937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <i>above</i>	2a. Mailing Address
21 Suite 1629 1301 Riverplace Blvd Suite, Apt. #, etc.	26 Suite 1629 1301 Riverplace Blvd Suite, Apt. #, etc.
22 City & State Jacksonville FL	27 City & State same
23 Zip 32207	28 Zip
25 Country USA	29 Country
24	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAQUIDARA, CINDY 1629 RIVERPLACE TOWER 1301 GULF LIFE DR. JACKSONVILLE FL 32207	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 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 _____ DATE _____
Signature (print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME LAQUIDARA, CINDY	1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1629 RIVERPLACE TOWER, 1301 GULF LIFE DR.	CITY ST ZIP JACKSONVILLE FL 32207	2 NAME 1629 Riverplace Tower,	
		3 STREET ADDRESS 1301 Riverplace Blvd. (name change)	
		4 CITY ST ZIP	
TITLE D	NAME EDWARDS, DAVID	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1629 RIVERPLACE TOWER, 1301 GULF LIFE DR.	CITY ST ZIP JACKSONVILLE FL 32207	22 NAME 1629 Riverplace Tower,	
		23 STREET ADDRESS 1301 Riverplace Blvd.	
		24 CITY ST ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	62 NAME	
		63 STREET ADDRESS	
		64 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 110.07(3)(b), 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: Cindy A. Laquidara Cindy A. Laquidara 1/9/95 (904) 393-7979
SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR