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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1997 1998



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

DOCUMENT # P94000093899 (0)

1. Corporation Name
JO ANN MATTHEWS, P.A.

Principal Place of Business Mailing Address
701 S. RIDGEWOOD AVE., STE. C-10 2701 S. RIDGEWOOD AVE., STE. C-10
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119-3598



IRS 59-208 7130
Lester Attached

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1		26		12/27/1994	04/02/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
2		27		59-2087119 59-268 7130	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
3		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
4		30		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MATTHEWS, JO ANN
2701 S. RIDGEWOOD AVE., STE. C-10
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

I, 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 _____ NOTE: Registered Agent signature required when reinstating. DATE _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	President
2. NAME	MATTHEWS, JO ASNN	1.2 NAME	MATTHEWS, Jo Ann
3. STREET ADDRESS	1163 VIKING DR	1.3 STREET ADDRESS	4530 Netmie Creek Cr.
4. CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Port Orange, FL 32127
5. TITLE		2.1 TITLE	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Jo Ann Matthews* X *Josephine Jo Ann Matthews* 4/98
4/18/97 904-288-2600

CR:1034 (9/96)