


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

FILED  
Jun 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000048595 (9)</b>		
1. Corporation Name <b>MYERS INVESTMENTS OF JACKSONVILLE, INC.</b>		



Principal Place of Business <b>225 WATER STREET</b> <b>SUITE 2175</b> <b>JACKSONVILLE FL 32202</b>	Mailing Address <b>P.O. BOX 209</b> <b>JACKSONVILLE FL 32201-0299</b>
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2. Principal Place of Business 21 <b>320 Corporate way</b> Suite, Apt. #, etc. 22 <b>Suite 200</b> City & State 23 <b>Orange Park, FL</b> Zip 24 <b>32073</b>		2a. Mailing Address 26 <b>320 Corporate way</b> Suite, Apt. #, etc. 27 <b>Suite 200</b> City & State 28 <b>Orange Park, FL</b> Zip 29 <b>32073</b>		3. Date Incorporated or Qualified <b>06/20/1995</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>59-3326023</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

8. Name and Address of Current Registered Agent <b>GIEBEIG, LEAH B</b> <b>225 WATER STREET</b> <b>SUITE 2175</b> <b>JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>320 Corporate way</b> 83 Suite 200 84 City <b>Orange Park</b> <b>FL</b> 85 Zip Code <b>32073</b>			
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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 Leah B Giebig DATE 6-13-97

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>P</b>	NAME <b>MYERS, JUNE R</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>225 WATER ST #2175</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	1.1 TITLE <b>12 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	1.3 STREET ADDRESS <b>1.4 CITY-ST-ZIP</b>	<b>Orange Park, FL 32073</b>
TITLE <b>V</b>	NAME <b>MYERS, JOHN C III</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>225 WATER ST. #2175</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	2.1 TITLE <b>2.2 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	2.3 STREET ADDRESS <b>2.4 CITY-ST-ZIP</b>	<b>Orange Park FL 32073</b>
TITLE <b>GIEBEIG, LEAH B</b>	NAME <b>225 WATER ST #2175</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	3.1 TITLE <b>3.2 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	3.3 STREET ADDRESS <b>3.4 CITY-ST-ZIP</b>	<b>Orange Park, FL 32073</b>
TITLE <b>GIEBEIG, LEAH B</b>	NAME <b>225 WATER ST #2175</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	4.1 TITLE <b>4.2 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	4.3 STREET ADDRESS <b>4.4 CITY-ST-ZIP</b>	<b>Orange Park, FL 32073</b>
TITLE <b>GIEBEIG, LEAH B</b>	NAME <b>225 WATER ST #2175</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	5.1 TITLE <b>5.2 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	5.3 STREET ADDRESS <b>5.4 CITY-ST-ZIP</b>	<b>Orange Park, FL 32073</b>
TITLE <b>GIEBEIG, LEAH B</b>	NAME <b>225 WATER ST #2175</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	6.1 TITLE <b>6.2 NAME</b>	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	6.3 STREET ADDRESS <b>6.4 CITY-ST-ZIP</b>	<b>Orange Park, FL 32073</b>

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: John C Myers DATE: 6-13-97 904-228-9174

CR2E034 (9/96)