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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

I am an officer or director of the corporation or the receiver or trustee empo

appears in Block 12 or Block 13 if chang



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000053168 (7)

KEITH S. FAIRCHILD & ASSOCIATES, INC.

Mailing Address Principal Place of Business 9770 BAYMEADOWS ROAD 9770 BAYMEADOWS ROAD **SUITE 123 SUITE 123** JACKSONVILLE FL 32256-0134 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified -07/01/1995 10 1 9 5 3a. Date of Last Report 03/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3330083 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRANT, MOORE, SAPP, MACDONALD & WELLS, PA **50 NORTH LAURA STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **BARNETT CENTER, SUITE 3100** 83 JACKSONVILLE FL 32202 84 City 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 Horida. 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: flegistered Agent signalure required when ministrating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DITTELL Change Addition TITLE 1.1 1000 FAIRCHILD. KEITH S NAME 1.2 NAME 9770 BAYMEADOWS ROAD STREET ADDRESS 1.3 STREET ACCORESS JACKSONVILLE FL 32256 CITY-ST-ZIP 14 CPY-S1-7P DELETE Change Addition TITLE 21100 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition 3.1 11118 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-7P DELETE Change Addition 4.1 THE TITLE NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP 🔲 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAVI NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - S1 - 2(P ☐ DELETE Addition ___ Change 6.1 TITLE TITLE NAME G.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - \$1 - 71º 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; 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

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904 641-4019