

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059854 (6)

1. Corporation Name
FALLGATTER & KELLY, P.A.



Principal Place of Business 121 WEST FORSYTH ST SUITE 900 JACKSONVILLE FL 32202 US	Mailing Address 121 WEST FORSYTH ST SUITE 900 JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1995

2. Principal Place of Business 21 200 East Forsyth St. Suite, Apt. #, etc. 22 _____ City & State 23 Jacksonville, FL Zip Country 24 32202 25 U.S.	2a. Mailing Address 26 200 East Forsyth St. Suite, Apt. #, etc. 27 _____ City & State 28 Jacksonville, FL Zip Country 29 32202 30 U.S.
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4. FEI Number
59-3329704
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FALLGATTER, CURTIS
 121 WEST FORSYTH ST SUITE 900
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
200 East Forsyth Street
 03 _____
 04 City **Jacksonville** 05 Zip Code **FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOND, C GUY 121 WEST FORSYTH ST SUITE 900 JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FALLGATTER, CURTIS S 121 W FORSYTH ST SUITE 900 JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	v/s/o Kelly, Timothy P. 200 E. Forsyth St. Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/O Fallgatter, Curtis S. 200 E. Forsyth St. Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 its 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: *Curtis S. Fallgatter* **Curtis S. Fallgatter 4-10-98 (904)353-5800**

CR2E034 (10/97)