

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

FILED

**Apr 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000069896 (5)

1. Corporation Name

PAULINE M. INGRAHAM-DRAYTON, P.A.

Principal Place of Business

**200 W FORSYTH ST
SUITE 800
JACKSONVILLE FL 32202**

Mailing Address

**8048 LE HAYRE DR N.
JACKSONVILLE FL 32277-0801**



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

07/25/1996

4. FEI Number

59-3346471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SMITH, GLOREATHA
200 W FORSYTH ST
SUITE 800
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 **Christain Smith, Esq.**
82 **200 W. Forsyth St.**
83 **Suite 800**
84 **Jacksonville** **FL** 85 **32202**

11. Pursuant to the provisions of Sections 607.0302 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

Christain Smith, Esq.

Christain Smith, Esq.

4-1-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PS INGRAHAM-DRAYTON, PAULINE M |
| STREET ADDRESS | 200 W FORSYTH ST SUITE 800 |
| CITY, ST, ZIP | JACKSONVILLE FL 32202 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 included 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:

Pauline M. Ingraham-Drayton **Pauline M. Ingraham-Drayton** **4-1-97** **3461325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)