

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 HAVRE DR N.  
JACKSONVILLE FL 32277**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/07/1995**

4. FEI Number

**59-3346471**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**CHRISTAIN SMITH  
200 W. FORSYTH ST. SUITE 800  
SUITE 800  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

**81** Name **CHRISTIAN F. SMITH**  
**82** Street Address (P.O. Box Number is Not Acceptable) **4981 ATLANTIC BLVD. SUITE 4**  
**83**  
**84** City **Jacksonville** **FL** **85** Zip Code **32207**

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 the registered agent of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE** **PS** ☐ DELETE  
**NAME** **INGRAHAM-DRAYTON, PAULINE M**  
**STREET ADDRESS** **200 W FORSYTH ST SUITE 800**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32202**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** **PS** ☐ Change ☐ Addition  
**1.2 NAME** **Pauline M. Ingraham-Drayton**  
**1.3 STREET ADDRESS** **118 W. Adams St. #320**  
**1.4 CITY-ST-ZIP** **JAX, FL 32202**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

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 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

*[Signature]*

**3-27-98** **353-001**

CR2E034 (10/97)