

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

**FILED**

**Apr 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000011562 (1)**  
1. Corporation Name  
**JOSEPH B. MCFARLAND, P.A.**



Principal Place of Business <b>3825 HENDERSON BLVD. SUITE 200, CROWN BUILDING TAMPA FL 33629</b>	Mailing Address <b>3825 HENDERSON BLVD. SUITE 200, CROWN BUILDING TAMPA FL 33629-5037</b>
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3. Date Incorporated or Qualified <b>02/01/1996</b>	3a. Date of Last Report
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21. Principal Place of Business <b>4830 W. Kennedy Blvd</b>	22. Suite, Apt. #, etc. <b>Suite 750</b>	23. City & State <b>TAMPA FL</b>	24. Zip <b>33609</b>	25. Country <b>USA</b>	26. Mailing Address <b>4830 W. Kennedy Blvd.</b>	27. Suite, Apt. #, etc. <b>Suite 750</b>	28. City & State <b>TAMPA FL</b>	29. Zip <b>33609</b>	30. Country <b>USA</b>
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4. FEI Number <b>59-3369632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCFARLAND, JOSEPH B  
3825 HENDERSON BLVD.  
SUITE 200, CROWN BUILDING  
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81. Name <b>Joseph B. McFarland</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>4830 W. Kennedy Blvd</b>	
83. Suite <b>Suite 750</b>	
84. City <b>TAMPA</b>	85. Zip Code <b>FL 33609</b>

11. Pursuant to the provisions of Sections 607.0507 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: Joseph B. McFarland Joseph B. McFarland **4/3/97**  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS

TITLE <b>DPST</b>	<input type="checkbox"/> DELETE
NAME <b>MCFARLAND, JOSEPH B</b>	
STREET ADDRESS <b>3825 HENDERSON BLVD.</b>	
CITY-ST-ZIP <b>TAMPA FL 33629</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>4830 W. Kennedy Blvd. Ste 750</b>	
1.4 CITY-ST-ZIP <b>TAMPA FL 33609</b>	
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 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: Joseph B. McFarland Joseph B. McFarland **4/3/97** **813**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)