

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

**FILED**  
**Mar 18 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 # P96000030659 (2)**

1. Corporation Name  
**JAMES A. YANCEY, P.A.**



Principal Place of Business  
**1701 S FLORIDA AVENUE  
 LAKELAND FL 33803**

Mailing Address  
**P.O. BOX 1028  
 LAKELAND FL 33802-1028**

2. Principal Place of Business  
 21 **105 S. Florida Avenue**  
 Suite, Apt. #, etc.  
 22 **3rd Floor**  
 City & State  
 23 **Lakeland, FL**  
 Zip  
 24 **33803**

2a. Mailing Address  
 26 **P.O. Box 1028**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Lakeland, FL**  
 Zip  
 29 **33802** 30 **America**

3. Date Incorporated or Qualified **04/02/1996** 3a. Date of Last Report  
 4. FEI Number **59-3372405** 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**  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**YANCEY, JAMES A  
 1701 S FLORIDA AVENUE  
 LAKELAND FL 33803**

10. Name and Address of New Registered Agent  
 81 Name **James A. Yancey**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**105 S. Florida Avenue**  
 83 **3rd Floor**  
 84 City **Lakeland, FL** 85 Zip Code **33803**

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 agent 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 \_\_\_\_\_ Signature, typed or printed name of registered agent, if not applicable (NEED Registered Agent signature required when reinstating) (DA)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YANCEY, JAMES A</b>	
STREET ADDRESS	<b>1701 S FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James A. Yancey</b>	
1.3 STREET ADDRESS	<b>105 S Florida Ave</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33803</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (9/96)