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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000045503 (5)**

1. Corporation Name
T. GEOFFREY HEEKIN, P.A.

Principal Place of Business	Mailing Address
8375 DIX ELLIS TRAIL STE 401 405 JACKSONVILLE FL 32256	8375 DIX ELLIS TRAIL STE 401 JACKSONVILLE FL 32256-8281

3. Date Incorporated or Qualified: 05/22/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 8375 DIX ELLIS TRAIL	26 P.O. BOX 477
Suite, Apt. #, etc. 22 SUITE 405	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FLORIDA	City & State 28 JACKSONVILLE, FLORIDA
Zip 24 32256 / Country 25 USA	Zip 29 32201 / Country 30 USA

4. FEI Number: 59-3386365 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEEKIN, T G ESQ. 8375 DIX ELLIS TRAIL STE 401 JACKSONVILLE FL 32256	81 Name: T.G. HEEKIN 82 Street Address (P.O. Box Number is Not Acceptable): 8375 DIX ELLIS TRAIL STE 405 83 84 City: JACKSONVILLE FL 85 Zip Code: 32256

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: T.G. Heekin — 4/29/97
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P, D.	☒ Change ☐ Addition
NAME	HEEKIN, T G		1.2 NAME	HEEKIN, T. G.	
STREET ADDRESS	8375 DIX ELLIS TRAIL STE 401		1.3 STREET ADDRESS	8375 DIX ELLIS TRAIL STE 405	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32256	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: T. Geoffrey Heekin — 4/29/97 — 904 464 0009