

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000047193 (3)

1. Corporation Name
MABRY EDWARDS, C.P.A., P.A.



Principal Place of Business
4110 SOUTHPOINT BLVD #230
JACKSONVILLE FL 32216-0928

Mailing Address
4110 SOUTHPOINT BLVD #230
JACKSONVILLE FL 32216-0928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8176 Blue Jay Lane Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip 24 32256-7201		2a. Mailing Address 26 P.O. Box 551103 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32255-1103		3. Date Incorporated or Qualified 06/04/1996	
				4. FEI Number 59-3381925	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDWARDS, MABRY JR. 8176 BLUE JAY LANE JACKSONVILLE FL 32256-7201				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EDWARDS, MABRY JR.	1.2 NAME	
STREET ADDRESS	8176 BLUE JAY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256-7201	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	EDWARDS, LINDA	2.2 NAME	
STREET ADDRESS	8176 BLUE JAY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256-7201	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: MABRY EDWARDS, C.P.A., P.A.

4/30/98 (904) 642-1332

CR2E034 (10/97)