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Apr 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 # P96000056335 (8)

1. Corporation Name
JEFFREY ALLEN MCCANN, P.A.



Principal Place of Business Mailing Address
5630 LEESWAY BLVD. PENSACOLA FL 32504
5630 LEESWAY BLVD. PENSACOLA FL 32504-3726

3. Date Incorporated or Qualified 07/01/1996
3a. Date of Last Report
4. FEI Number 3387238 Applied For Not Applicable
59-35782
5. Certificate of Status Desired [X] \$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 [X] No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Post Office Box 10833
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Pensacola, FL
24 Zip 25 Country 29 32524-0833 30 USA

9. Name and Address of Current Registered Agent
MCCANN, JEFFREY A
5630 LEESWAY BLVD.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, 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: [Signature] Jeffrey A. McCann 4/11/97 (904) 471-0820
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)