

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90190 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000056335

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5630 LEESWAY BLVD.
 PENSACOLA FL 32504**

Mailing Address
**P.O. BOX 10833
 PENSACOLA FL 32524-0833
 US**

3. Date Incorporated or Qualified
07/01/1996

4. FEI Number
59-3387238 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **200 East Government St.**
 Suite, Apt. #, etc. **Suite 210**
 City & State **Pensacola, FL**
 Zip **32501** Country

2a. Mailing Address
 26 **200 East Government St.**
 Suite, Apt. #, etc. **Suite 210**
 City & State **Pensacola, FL**
 Zip **32501** Country

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 **MCCann, Jeffrey A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **200 East Government St**
 83 **Suite 210**
 84 City **Pensacola, FL** 85 Zip Code **32501**

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 Jeffrey A. McCann, Dir. DATE 5/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MCCANN, JEFFREY A
STREET ADDRESS	POST OFFICE BOX 10833
CITY-ST-ZIP	PENSACOLA FL 32524-0833
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	Dir
1.3 STREET ADDRESS	MCCann, Jeffrey A.
1.4 CITY-ST-ZIP	209 East Government St., Suite 210 Pensacola, FL 32501
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 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, with all other like empowered.

SIGNATURE: JEFFREY A. MCCANN, Dir. DATE 5/01/99 (850) 436-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)