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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000000139

1. Corporation Name MORFORD & WHITEFIELD, P.A.

Principal Place of Business: SUITE 100, 1974 WOODCOCK DR, JACKSONVILLE FL 32207, US. Mailing Address: SUITE 100, 1974 WOODCOCK DR, JACKSONVILLE FL 32207, US.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4040 Woodcock Dr., Ste 202, Jacksonville, FL 32207. 22 Jacksonville, FL. 23 Jacksonville, FL. 24 32207. 25 USA. 2a. Mailing Address: 26 4040 Woodcock Dr., Ste.202, Jacksonville, FL 32207. 27 Jacksonville, FL. 28 Jacksonville, FL. 29 32207. 30 USA.

3. Date Incorporated or Qualified: 12/27/1996. 4. FEI Number: 59-3417081. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees. 8. This corporation owes the current year Intangible Personal Property Tax: Yes No.

9. Name and Address of Current Registered Agent: WHITEFIELD, B THOMAS, 3974 WOODCOCK DR, SUITE 100, JACKSONVILLE FL 32207.

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 4040 Woodcock Drive, Suite 202, 83, 84 City: Jacksonville, FL, 85 Zip Code: 32207.

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] DATE: [Blank]. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS. 1. MORFORD, DOUGLAS H, 3449 SUNNYSIDE DR, JACKSONVILLE FL 32207. 2. WHITEFIELD, B. THOMAS, 924 BROOKWOOD ROAD, JACKSONVILLE FL 32207.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 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: [Signature] 1/13/99 1-(904) 396-5880. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date: 1/13/99. Daytime Phone #: 1-(904) 396-5880.

CR2E034 (1/198)