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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90001 041 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P97000062151

1. Corporation Name
~~JAMES V. WALKER & ASSOCIATES, P.A.~~
 WALKER & FAIRBANKS, P.A.
 See attached amendment

Principal Place of Business Mailing Address
 217 PONTE VEDRA PARK DRIVE P.O. BOX 676
 SUITE 200 PONTE VEDRA BEACH FL 32004
 PONTE VEDRA BEACH FL 32082 US
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1997

4. FEI Number **59-3458687** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent
WALKER, JAMES V
217 PONTE VERDE PARK DR
SUITE 200
PONTE VEDRA BEACH FL 32082

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D WALKER, JAMES V**
 STREET ADDRESS **217 PONTE VERDE PARK DR, SUITE 200**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE DELETE
 NAME **D KOEGLER, STEVEN C**
 STREET ADDRESS **217 PONTE VERDE PARK DR, SUITE 200**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE DELETE
 NAME **D DILLINGHAM, PHILLIP I**
 STREET ADDRESS **217 PONTE VERDE PARK DR, SUITE 200**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **Director, Secretary**
 4.3 STREET ADDRESS **Randal C. Fairbanks**
 4.4 CITY-ST-ZIP **217 Ponte Vedra Park Drive, Suite 200**
Ponte Vedra Beach, Florida 32082

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *James V. Walker* **JAMES V. WALKER, FEB 1 1999** **904-285-3204**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)