

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108507 (9)
 1. Corporation Name
2525 OLD FARM ROAD, INC.



Principal Place of Business 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 12/29/1997	
4. FEI Number 75-2751396		Applied For <input type="checkbox"/> Not Applicable		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD, SUITE 100 TALLAHASSEE FL 32308				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	
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	1.2 NAME	G. Andrews Smith
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	1.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Dallas, TX 75237-6437
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, JAMES W	2.2 NAME	Daniel L. Plumlee
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	2.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Dallas, TX 75237-6437
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFFREY L	3.2 NAME	Mark V. Welch
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	3.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Dallas, TX 75237-6437
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VPAT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Joseph W. Dingman
STREET ADDRESS		4.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dallas, TX 75237-6437
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	James W. Horton
STREET ADDRESS		5.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Luanne Good
STREET ADDRESS		6.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, FL 32308

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 _____

CR2E034 (10/97)