

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

0052124

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000108507

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
--	--

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD, SUITE 100
TALLAHASSEE FL 32308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

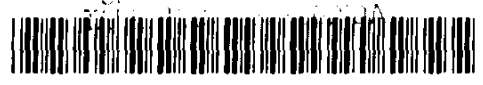
(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, G A	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, STE 800	
CITY-ST-ZIP	DALLAX TX 75237	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUMLEE, D L	
STREET ADDRESS	8750 NB CENTRAL EXPRESSWAY, STE 800	
CITY-ST-ZIP	DALLAS TX 75237	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, M V	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, STE 800	
CITY-ST-ZIP	DALLAX TX 75237	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	DINGMAN, J	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, STE 800	
CITY-ST-ZIP	DALLAX TX 75237	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HORTON, J W	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALL FL 32308	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	GOOD, L	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALL FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Brent W. Kroener	
13 STREET ADDRESS	8750 N. Central Expressway #800	
14 CITY-ST-ZIP	Dallas, TX 75237	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Douglas Bennett	
23 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
24 CITY-ST-ZIP	Tallahassee, FL 32308	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Jeffrey L. Smith	
33 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
34 CITY-ST-ZIP	Tallahassee, FL 32308	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	William L. Fulton	
43 STREET ADDRESS	8750 N. Central Expressway, Suite 800	
44 CITY-ST-ZIP	Dallas, TX 75237	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

99 APR 12 PM 12:01



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
12/29/1997
- 4. FEI Number
75-2751396 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
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, on an attachment with an address, with all other like empowered

SIGNATURE: Douglas W. Bennett, Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99 850-488-4406

CR2E034 (11/98)