


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90250 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000041423</b>					
1. Corporation Name <b>PARDUE, HEID, CHURCH, SMITH &amp; WALLER OF NORTH FL ORIDA, INC.</b>					
Principal Place of Business <b>707 MILL CREEK ROAD STE. 400 JACKSONVILLE FL 32211</b>			Mailing Address <b>707 MILL CREEK ROAD STE. 400 JACKSONVILLE FL 32211</b>		
2. Principal Place of Business 21 <b>4319 Salisbury Road</b>		2a. Mailing Address 26 <b>4319 Salisbury Road</b>		3. Date Incorporated or Qualified <b>05/07/1998</b>	
Suite, Apt. #, etc. 22 <b>Suite 100</b>		Suite, Apt. #, etc. 27 <b>Suite 100</b>		4. FEI Number <b>59-3511542</b>	
City & State 23 <b>Jacksonville Florida</b>		City & State 28 <b>Jacksonville, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32216</b>		Zip 29 <b>32216</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PARDUE, WILLIAM P          1403 WEST COLONIAL DR.          ORLANDO FL 32803</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARDUE, WILLIAM P JR.		1.2 NAME		
STREET ADDRESS	1403 WEST COLONIAL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN, GRANT W		2.2 NAME		
STREET ADDRESS	1403 WEST COLONIAL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHURCH, LARRY A		3.2 NAME		
STREET ADDRESS	1403 WEST COLONIAL DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRENSHAW, ROBERT D		4.2 NAME		
STREET ADDRESS	185 SUMMERFIELD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, KEITH E		5.2 NAME		
STREET ADDRESS	3915 STARRATT RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

904 296 8555

Daytime Phone #

CR2E034 (1/98)