

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18048** (6)

1. Corporation Name
FORD, JETER & BOWLUS, P.A.



Principal Place of Business: **10110 SAN JOSE BLVD. SUITE 200 JACKSONVILLE FL 32257**
Mailing Address: **10110 SAN JOSE BLVD. SUITE 200 JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified: **12/06/1990**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-3039408**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 10110 SAN JOSE BLVD.**
Suite, Apt. #, etc.:
22 City & State: **23 JACKSONVILLE, FL**
Zip: **24 32257** Country: **25**
2a. Mailing Address: **26 10110 SAN JOSE BLVD.**
Suite, Apt. #, etc.:
27 City & State: **28 JACKSONVILLE, FL**
Zip: **29 32257** Country: **30**

9. Name and Address of Current Registered Agent
**FORD, ROBERT A
10110 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, ROBERT A	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JETER, WILLIAM H JR	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOWLUS, MICHAEL	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FORD, ROBERT A.	
13 STREET ADDRESS	10110 SAN JOSE BOULEVARD	
14 CITY, ST, ZIP	JACKSONVILLE, FL 32257	
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JETER, WILLIAM H., JR.	
23 STREET ADDRESS	10110 SAN JOSE BOULEVARD	
24 CITY, ST, ZIP	JACKSONVILLE, FL 32257	
31 TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BOWLUS, MICHAEL	
33 STREET ADDRESS	10110 SAN JOSE BOULEVARD	
34 CITY, ST, ZIP	JACKSONVILLE, FL 32257	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. Jeter, Jr., President

1/19/96 (904) 268-7227
Date Phone

CR2E034 (12/95)