

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

**FILED**

**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S18048 (6)**

**FORD, JETER & BOWLUS, P.A.**



Principal Place of Business

Mailing Address

**10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257  
US**

**10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257-5838  
US**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**12/06/1990**

**01/26/1996**

4. FEI Number

Applied For

**59-3039408**

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

10. Name and Address of New Registered Agent

**FORD, ROBERT A  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257**

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:

(If "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FORD, ROBERT A.</b>	
1.3 STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>	
2.1 TITLE	<b>VP/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JETER, WILLIAM H., JR.</b>	
2.3 STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

**SIGNATURE:**

*[Signature]*

**V. P. / Treas / Director 3/11/97 (904) 268-7227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (9/96)