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Mar 11, 1999 8:00 am
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03-11-1999 90055 016 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S18048

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

Principal Place of Business: 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 US
 Mailing Address: 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields.

3. Date Incorporated or Qualified: 12/06/1990
 4. FEI Number: 59-3039408
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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: **WILLIAM H. JETER, JR.**
 82 Street Address (P.O. Box Number is Not Acceptable): **10110 SAN JOSE BOULEVARD**
 83
 84 City: **JACKSONVILLE** FL 85 Zip Code: **32257**

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]* DATE: **3/12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	RR	<input type="checkbox"/> DELETE
NAME	ROBERT ROBERTA	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	JETER, WILLIAM H JR	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOWLUS, MICHAEL	
1.3 STREET ADDRESS	10110 SAN JOSE BLVD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUSS, JOHN S., IV	
3.3 STREET ADDRESS	10110 SAN JOSE BLVD.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORGAN, ROBERT M.	
4.3 STREET ADDRESS	10110 SAN JOSE BLVD.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
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 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]* DATE: **3/12/99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)