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Jan 27 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 # S21936 (7)

1. Corporation Name  
JACK, WYATT, TOLBERT & THOMPSON, P.A.



Principal Place of Business: 2600 MAITLAND CENTER PARKWAY, #170, P.O. BOX 949600, MAITLAND FL 32794  
Mailing Address: 2600 MAITLAND CENTER PARKWAY, #170, P.O. BOX 949600, MAITLAND FL 32794-6600

3. Date Incorporated or Qualified: 12/28/1990  
3a. Date of Last Report: 01/25/1996  
4. FEI Number: 65-0233015  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
TUDHOPE, WALLACE W.  
323 PRESSVIEW AVE  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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  
D BEERS, DAVID C. 505 SABAL LAKE DR., #101 LONGWOOD FL  
D TUDHOPE, WALLACE W. 323 PRESSVIEW AVE LONGWOOD FL  
D JACK, ROBERT J. 6208 DONEGAL DRIVE ORLANDO FL  
D WYATT, DONNA C 1961 COVE COLONY RD. MAITLAND FL  
D TOLBERT, SUSAN W 3031 ROGERS ROAD GLENWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP  
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP  
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP  
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP  
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP  
6.1 TITLE, 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/16/97 DAYTIME PHONE: 407-660-1414

CR2E034 (9/96)