

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S67780** (4)

1. Corporation Name
A.D.E. OF JACKSONVILLE, INC.



Principal Place of Business 1919 SOUTH POST RD. INDIANAPOLIS IN 46239	Mailing Address 1919 SOUTH POST RD. INDIANAPOLIS IN 46239-9429
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3. Date Incorporated or Qualified 07/18/1991	3a. Date of Last Report 03/13/1996
4. FEI Number 35-1842547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 W BROWARD BLVD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOCKETT, D. MICHAEL		1.2 NAME James P. Hallett	
STREET ADDRESS 1919 S. POST RD.		1.3 STREET ADDRESS 1919 S. Post Road	
CITY-ST-ZIP INDIANAPOLIS IN		1.4 CITY-ST-ZIP Indianapolis, IN 46239	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Exec. V.P. & COO & Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WECHTER, LARRY		2.2 NAME David G. Frazier	
STREET ADDRESS 1919 S POST ROAD		2.3 STREET ADDRESS 1919 S. Post Road	
CITY-ST-ZIP INDIANAPOLIS IN		2.4 CITY-ST-ZIP Indianapolis, IN 46239	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYRD, WARREN W.		3.2 NAME Warren W. Byrd	
STREET ADDRESS 1919 S POST ROAD		3.3 STREET ADDRESS 1919 S. Post Road	
CITY-ST-ZIP INDIANAPOLIS IN		3.4 CITY-ST-ZIP Indianapolis, IN 46239	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, DAVID		4.2 NAME Brian J. Warner	
STREET ADDRESS 1919 S POST ROAD		4.3 STREET ADDRESS 1919 S. Post Road	
CITY-ST-ZIP INDIANAPOLIS IN		4.4 CITY-ST-ZIP Indianapolis, IN 46239	
TITLE VPT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTY, JEFFREY		5.2 NAME	
STREET ADDRESS 1919 S POST ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		5.4 CITY-ST-ZIP	
TITLE SVP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, JERRY		6.2 NAME	
STREET ADDRESS 1919 SOUTH POST RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN 46239		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, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0479478

CR2E034 (9/96)