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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

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/18/1991	3a. Date of Last Report 03/13/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-1842547	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	HOCKETT, D. MICHAEL 1919 S. POST RD. INDIANAPOLIS IN	1.1 TITLE President & Director	James P. Hallett 1919 S. Post Road Indianapolis, IN 46239
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	WECHTER, LARRY 1919 S POST ROAD INDIANAPOLIS IN	2.1 TITLE Exec. V.P. & COO & Dir.	David G. Frazier 1919 S. Post Road Indianapolis, IN 46239
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE AS	BYRD, WARREN W. 1919 S POST ROAD INDIANAPOLIS IN	3.1 TITLE Secretary	Warren W. Byrd 1919 S. Post Road Indianapolis, IN 46239
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VPD	HILL, DAVID 1919 S POST ROAD INDIANAPOLIS IN	4.1 TITLE Treasurer & Director	Brian J. Warner 1919 S. Post Road Indianapolis, IN 46239
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VPT	HARTY, JEFFREY 1919 S POST ROAD INDIANAPOLIS IN	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE SVP	WILLIAMS, JERRY 1919 SOUTH POST RD. INDIANAPOLIS IN 46239	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 of this form, or on an attachment with an address.

SIGNATURE: *J. Frazier* DATE: 2/3/97

CR2E034 (9/96)