

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38760** (7)
1. Corporation Name
DAVID W. HEDRICK, P.A.

Principal Place of Business 135 WEST CENTRAL BLVD. SUITE 1100 ORLANDO FL 32801	Mailing Address 135 WEST CENTRAL BLVD. SUITE 1100 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 N. Magnolia Ave Suite, Apt. #, etc. St. 304 City & State Orlando, FL Zip 32803		2a. Mailing Address 801 N. Magnolia Ave Suite, Apt. #, etc. St. 304 City & State Orlando, FL Zip 32803		3. Date Incorporated or Qualified 05/26/1992	
23. City & State Orlando, FL		27. City & State Orlando, FL		4. FEI Number 59-3126646	
24. Zip 32803		29. Zip 32803		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country Orange		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Country		31. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENDRICK, DAVID W., ESQ. SOUTHTRUST BANK BUILDING, SUITE 1100 135 W. CENTRAL BLVD. ORLANDO FL 32801		10. Name and Address of New Registered Agent 81. Name Same 82. Street Address (P.O. Box Number is Not Acceptable) 801 N. Magnolia Ave 83. St. 304 84. City Orlando FL 85. Zip Code 32803	
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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	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDRICK, DAVID W.	1.2 NAME	
STREET ADDRESS	135 W CENTRAL BLVD.#1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDRICK, DAVID W.	2.2 NAME	
STREET ADDRESS	135 W CENTRAL BLVD.#1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDRICK, JOHN W.	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 32E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **David W. Hedrick, Director & Pres-**

CR2E034 (10/97)