

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69222 (0)

1. Corporation Name

COWLES & SHAUGHNESSY, P.A.



Principal Place of Business

Mailing Address

901 BLACKSTONE BLDG
233 E BAY STREET, Ste. 901
JACKSONVILLE FL 32202
US

901 BLACKSTONE BLDG
233 E BAY STREET, Ste. 901
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEPRELL, SAMUEL L.
RIVERPLACE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

233 E. Bay St., Suite 901

83

84 City

Jacksonville

FL

85 Zip Code

32202

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, typed or printed name of registered agent and their approval

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DPT
COWLES, ROBERT L
7077 BONNEVAL ROAD, SUITE 450
JACKSONVILLE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DVS
SHAUGHNESSY, DANIEL C
7077 BONNEVAL ROAD, SUITE 450
JACKSONVILLE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

233 E. Bay St., Ste. 901
Jacksonville, FL 32202

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

233 E. Bay St., Ste. 901
Jacksonville, FL 32202

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert L. Cowles President

2/20/96

904/359-9500

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)