

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **V69222**

(0)

1. Corporation Name

COWLES & SHAUGHNESSY, P.A.



Principal Place of Business

**901 BLACKSTONE BLDG
233 E BAY STREET
JACKSONVILLE FL 32202
US**

Mailing Address

**901 BLACKSTONE BLDG
233 E BAY STREET
JACKSONVILLE FL 32202-3452
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

9. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L.
233 EAST BAY STREET
SUITE 901
JACKSONVILLE FL 32202**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
02/23/1996

4. FEI Number

59-3143781

Applied For

Not Applicable

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

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 agent, or to appoint a new agent, or to change its name in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and I further warrant and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY - ST - ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY - ST - ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY - ST - ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY - ST - ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY - ST - ZIP

17.1 TITLE
17.2 NAME
17.3 STREET ADDRESS
17.4 CITY - ST - ZIP

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY - ST - ZIP

14. I, the undersigned, 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 included 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 a director or officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SIGNATURE

0028857

CR2E034 (9/96)