Edgar Filing: CONNOLLY JANNA L - Form 4

| CONNOLLY | Y JANNA L | | | | | | | | | | |
|--|------------------------------------|--|---------------------------------|--|--|-----------|----------------|---|--|-------------------|--|
| Form 4 | 2010 | | | | | | | | | | |
| February 16, FORM | 1 / | | | | | | | | OMB A | PPROVAL | |
| | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 | ger STATE 6. r | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 1' | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| CONNOLLY JANNA L Sym | | | Symbol | Name and | | Tradii | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | (Chec | k all applicable | 2) | | |
| 245 RIVERSIDE AVENUE, SUITE (Month/D 500 | | | | Day/Year) 2010 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting Officer | | | |
| | | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| JACKSON | VILLE, FL 322 | 02 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Executio any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Da (Instr. 3, | 4 and (A) | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 02/12/2010 | | | F | 269 | D | \$ 28.84 | 29,635 | D | | |
| Common Stock | | | | | | | | 3,669.942 | I | By 401(k) Plan | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|----------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | | |
|---|----------|-----------|--------------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| CONNOLLY JANNA L 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 | | | Chief Accounting Officer | | |
| Signatures | | | | | |
| /s/ Janna L. | | | | | |

Connolly 02/16/2010

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.