FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP                  | ROVAL     |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*                        |   |   |   |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |  |      |                                   |  |                   |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |                                   |  |  |  |
|--|---|---|---|--------|--|--|------|-----------------------------------|--|-------------------|---|--|---|--|--|-----------------------------------|--|--|--|
| RAY JERRY M  |   |   |   |        |  | 100  |      | <u> </u>                          | <u></u>  |                   |   |  |   |  | r<br>(give title   |                                   | 10% Ov<br>Other (s   | I  |  |
| (Last)<br>245 RIV  |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2004 |   |        |  |  |      |                                   |  | below)            | S   | VP   | below)  |  |  |                                   |  |  |  |
| SUITE 500  |   |   |   |        |  | If Amendment, Date of Original Filed (Month/Day/Year)    |      |                                   |  |                   |   |  | 6 In  | 6. Individual or Joint/Group Filing (Check Applicable                                      |  |                                   |  |  |  |
| (Street) JACKSONVILLE FL 32202                               |   |   |   |        |  | II Allichamoni, Date of Original Fried (world)/Day/Teal) |      |                                   |  |                   |   |  | Line  | Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |                                   |  |  |  |
| (City)   | (S  | tate)   | (Zip)   |        |  |  |      |                                   |  |                   |   |  |   | Persor   |  |                                   |  |  |  |
|  |   | Tal   | ble I - No  | on-Der | ivativ   | e Se   | curi | ties Ac                           | quirec   | l, Di             | sposed of                                       | f, or Bei  | neficiall   | y Owned  |  |                                   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |   |   |        | Execution Date,                                    |  |      | Transaction Disposed Code (Instr. |  |                   | es Acquired (A) or<br>Of (D) (Instr. 3, 4 and 5 |  |   | es<br>ally<br>Following  | Form<br>(D) or   | : Direct<br>r Indirect<br>str. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |  |  |
|  |   |   |   |        |  |  |      |                                   | Code   | v                 | Amount  | (A) or<br>(D)  | Price   | Reporte<br>Transac<br>(Instr. 3  | tion(s)  |                                   |  | (Instr. 4)                               |  |
| Common 12/17/2   |   |   |   |        | 7/2004   | .004   |      | M                                 |  | 10,000            | A   | \$21.85  | 14,554  |  |  | D                                 |  |  |  |
| Common 12/17/20  |   |   |   |        | 7/2004   | 2004   |      | S                                 |  | 10,000            | D   | \$58.019   | )4 4,   | 554  | D  |                                   |  |  |  |
|  |   |   | Table II  |        |  |  |      |                                   |  |                   | oosed of,<br>convertib                          |  |   | Owned  |  |                                   |  |  |  |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)                  | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 4.<br>Transa<br>Code (<br>8)                       |  |      |                                   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                   |   | 7. Title and Amoun<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>illy                    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4) |  |
|  |   |   |   | Cod    | Code   | e V  | (A)  | (D)                               | Date<br>Exercisa   | ble               | Expiration<br>Date                              | Title  | Amount<br>or<br>Number<br>of<br>Shares                                  |  |  |                                   |  |  |  |
| Stock<br>Option  | \$21.85   | 12/17/2004  |   |        | M  |  |      | 10,000                            | 12/08/19   | 98 <sup>(1)</sup> | 12/08/2007                                      | Common   | 10,000  | \$0.00   | 9,778  | 3                                 | D  |  |  |

## **Explanation of Responses:**

1. Options of this class vested in five equal annual installments beginning on December 8, 1998.

## Remarks:

<u>/s/ Jerry Ray</u>

12/20/2004

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.