

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR -4 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 189966 (5)

1. Corporation Name
S. GARTNER & CO.

| | |
|---|---|
| Principal Place of Business 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32203 | Mailing Address 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32203 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/31/1955 | 3a. Date of Last Report 03/11/1994 |
| 4. FEI Number 59-0780277 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|---|---------------|---------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | Country 25 | Country 30 |
|--|---|---------------|---------------|

9. Name and Address of Current Registered Agent
**GARTNER, SAMUEL
1249 W DUVAL
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 transferring) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | PD |
| NAME | GARTNER, BRIAN L |
| STREET ADDRESS | 1249 W DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |
| TITLE | CD |
| NAME | GARTNER, SAMUEL |
| STREET ADDRESS | 1249 W DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |
| TITLE | VD |
| NAME | GARTNER, HARVEY J |
| STREET ADDRESS | 1249 WEST DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |
| TITLE | TD |
| NAME | GINSBERG, LINDA G (ASST) |
| STREET ADDRESS | 1249 WEST DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |
| TITLE | STD |
| NAME | GARTNER, CLARA M. |
| STREET ADDRESS | 1249 WEST DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |
| TITLE | SD |
| NAME | WATZMAN, KAREN G (ASST) |
| STREET ADDRESS | 1249 WEST DUVAL |
| CITY - ST - ZIP | JACKSONVILLE, FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in this annual report and 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 as a director, officer, or an authorized agent with an address.

SIGNATURE: *Samuel Gartner* _____
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR _____ DATE _____ TELEPHONE # _____