

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY 12 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 494159 (7)**

1. Corporation Name  
**JOHN T. FERREIRA & SON, INC.**

200001487902  
-05/16/95--01002--027  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**500 CENTRE ST  
P.O. BOX 777  
FERNANDINA BEACH FL 32034**

3. Date Incorporated or Qualified **01/27/1976** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **59-1639674** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

City & State City & State  
**23** **28**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be  
Added to Fees

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONAHOO, THOMAS M.  
1414 BARNETT BANK BLDG.  
JACKSONVILLE FL**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **FERREIRA, ROBERT S.**  
STREET ADDRESS **500 CENTRE ST**  
CITY- ST- ZIP **FERNANDINA BCH, FL 00000**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **ST**  
NAME **FERREIRA, CAROL F.**  
STREET ADDRESS **500 CENTRE ST**  
CITY- ST- ZIP **FERNANDINA BCH FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE **V**  
NAME **HARRIS, MELANIE F.**  
STREET ADDRESS **500 CENTRE ST**  
CITY- ST- ZIP **FERNANDINA BCH FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

*5/12/95 MB*

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an election.

SIGNATURE: *[Signature]* **Robert S. Ferreira** **5/10/95** **904/201-5571**  
Signature (typed or printed name of signing officer or director) Date