

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J81929** (8)
1. Corporation Name
CLAUDE NOLAN STERLING, INC.

95 JAN 20 PM 4: 08

Principal Place of Business Mailing Address
% JOHN P. HELMICK JR
4700 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216 % JOHN P. HELMICK JR
4700 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2819237	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HELMICK, JR, JOHN P.
4700 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering) _____
DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	HELMICK, JOHN P. JR
STREET ADDRESS	4700 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DVP
NAME	HELMICK, CLAUDETTE B.
STREET ADDRESS	4700 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	LOVE, THOMAS
STREET ADDRESS	4700 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	HELMICK, MARC A.
STREET ADDRESS	4700 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I (he) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, or on an addendum with an address.

SIGNATURE: *Thomas Love* Thomas Love 1/10/94 904-842-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR