

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/06/1987** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2819237** Applied For  Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 (applicable)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>HELMICK, JOHN P. JR</b>
STREET ADDRESS	<b>4700 SOUTHSIDE BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DVP</b>
NAME	<b>HELMICK, CLAUDETTE B.</b>
STREET ADDRESS	<b>4700 SOUTHSIDE BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>AS</b>
NAME	<b>LOVE, THOMAS</b>
STREET ADDRESS	<b>4700 SOUTHSIDE BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>AS</b>
NAME	<b>HELMICK, MARC A.</b>
STREET ADDRESS	<b>4700 SOUTHSIDE BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(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 13 of this form, typed, or on an attachment with an address.

SIGNATURE: *[Signature]* *Thomas Love* 1/10/94 904-842-5111  
ORIGINATOR AND TO BE ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR