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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:12

DOCUMENT # **J95281** **(8)**

1. Corporation Name

UPCHURCH & PARSONS, P.A.

Principal Place of Business	Mailing Address
1510 N PONCE DE LEON ST AUGUSTINE FL 32084 US	C/O H. DAVIS UPCHURCH JR. P.O. BOX 3956 ST. AUGUSTINE FL 32085 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1987**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2846172** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 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

UPCHURCH, H. DAVIS JR.
1510 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 required if printed name of registered agent and the officer) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	UPCHURCH, H. DAVIS, JR.	12 NAME		
STREET ADDRESS	1524 SAN RAFAEL WAY	13 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	PARSONS, MARK E	22 NAME	PARSONS, MARK E.	
STREET ADDRESS	45 B ATLANTIC OAKS CIRCLE	23 STREET ADDRESS	8 SEASCAPE CIRCLE	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	ST. AUGUSTINE, FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 119.07(3)(i), 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 if changed, or on an attachment with an addition.

SIGNATURE: Mark Parsons, Pres. 3/21/95 825-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402276 FP