

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:08

DOCUMENT # K09691

(2)

1. Corporation Name

PROM, KORN & ZEHMER, P.A.

Principal Place of Business

6620 SOUTHPOINT DRIVE, SOUTH
SUITE 200
JACKSONVILLE FL 32216-6171

Mailing Address

6620 SOUTHPOINT DRIVE, SOUTH
SUITE 200
JACKSONVILLE FL 32216-6171

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1988

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2866634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
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

10. Name and Address of New Registered Agent

ZEHMER, JOHN H.
6620 SOUTHPOINT DRIVE SOUTH
SUITE 200
JACKSONVILLE FL 32216

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	PROM, STEPHEN G.
STREET ADDRESS	6620 SOUTHPOINT DR. S.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	DS
NAME	KORN, MICHAEL J.
STREET ADDRESS	6620 SOUTHPOINT DR. S.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	DT
NAME	ZEHMER, JOHN H.
STREET ADDRESS	6620 SOUTHPOINT DR. S.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	DP
NAME	GELLATLY, MARGARET B.
STREET ADDRESS	6620 SOUTHPOINT DR. S.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	DV
NAME	PENNINGTON, MARK G.
STREET ADDRESS	6620 SOUTHPOINT DR. S.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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 Section 119.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Zehmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN H. ZEHMER

6/20/95

904-296-2111