

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L08658 (1)

1. Corporation Name

CE-TECH OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

c/o William C. Mason

c/o William C. Mason

2. Principal Place of Business

2a. Mailing Address

21 **1301 Riverplace Blvd**

26 **1301 Riverplace Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1700**

27 **Suite 1700**

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip

Country

Zip

Country

24 **32207**

25 **USA**

29 **32207**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2968487

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. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**SMITH, HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE FL 32202**

81. Name

Harvey Granger, General Counsel

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

1301 Riverplace Blvd.

83.

Suite 1700

84. City

Jacksonville

FL

85. Zip Code

32207

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

Harvey Granger

Harvey Granger

7-29-96

Signature typed or printed name of signing officer or director

(NOTE: Registered Agent signatures required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	MASON, WILLIAM C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	PERRY, KENNETH C	
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☒ DELETE
NAME	SMITH, CHUCK	
STREET ADDRESS	1045 RIVERSIDE AVE G-80	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AST	☐ DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Mason, William C.	
1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE	D/V	☒ Change ☐ Addition
2.2 NAME	Perry, Kenneth C.	
2.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Thompson, Carol C.	
3.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/T	☐ Change ☒ Addition
5.2 NAME	Perry, Linda	
5.3 STREET ADDRESS	1325 San Marco Blvd., Suite 901	
5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
6.1 TITLE	AS/AT	☒ Change ☐ Addition
6.2 NAME	Jackson, Rebecca B.	
6.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rebecca B. Jackson

Rebecca B. Jackson

7-29-96

904/202-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)