

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004082 (4)

1. Corporation Name

**REID MEDICAL BUILDING CONDOMINIUM ASSOCIATION, I
NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3217319	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202**

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

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CAROL C	12 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRETT, DONALD O	22 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, KENNETH C	32 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	34 CITY - ST - ZIP	
TITLE	AST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, REBECCA B	42 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, 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 4-25-95 904/393-2001

Signature and Typed on Printed Name of Signing Officer or Director Date Signature Here