

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080281 (7)**

1. Corporation Name

**VAULT - CANEY SWAMP CONSERVATION, INC.**

Principal Place of Business

1301 GULF LIFE DR  
STE 2552  
JACKSONVILLE, FL 32207  
US

Mailing Address

1301 GULF LIFE DR  
STE 2552  
JACKSONVILLE, FL 32207  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3220368

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

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21 1301 RIVERPLACE BLVD

Suite, Apt. #, etc.

22 SUITE 2552

City & State

23 JACKSONVILLE FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 1301 RIVERPLACE BLVD

Suite, Apt. #, etc.

27 SUITE 2552

City & State

28 JACKSONVILLE FL.

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

ALLEN, LAURA H  
1301 GULF LIFE DR  
STE 2552  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

1301 RIVERPLACE BLVD

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 if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, LAURA H
STREET ADDRESS	4444 COUNTRY CLUB ROAD
CITY, ST, ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	JOOS, WILLIAM J
STREET ADDRESS	1400 PRUDENTIAL DR., STE. 5
CITY, ST, ZIP	JACKSONVILLE FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP			
2.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			
3.1 TITLE	D + President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN J. ALLEN		
3.3 STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 2552		
3.4 CITY, ST, ZIP	JACKSONVILLE, FL 32207		
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 Section 110.07(3)(a), 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 person or person 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 in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. ALLEN 4/28/95 904-391-0008

Date

Telephone Number