

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:56

**DOCUMENT # P94000012646 (3)**

1. Corporation Name  
**HUSSAR OF JACKSONVILLE, INC.**

Principal Place of Business      Mailing Address  
**1515 RIVERSIDE AVENUE**      **1515 RIVERSIDE AVENUE**  
**SUITE A**      **SUITE A**  
**JACKSONVILLE FL 32204**      **JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21 **3019 Grand Ave.**      26 **3019 Grand Ave.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **Jacksonville, Fl.**      28 **Jacksonville, Fl.**  
Country      Country  
24 **32210**      25 **USA**      29 **32210**      30 **USA**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/15/1994**      **N.A.**  
4. FEI Number      Applied For  
**59-3226370**      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

9. Name and Address of Current Registered Agent  
**FRAZIER, W. ROBINSON**  
**1515 RIVERSIDE AVENUE**  
**SUITE A**  
**JACKSONVILLE FL 32204**

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: *Julie C. Buckingham* Secretary/Treasurer      DATE: **2/28/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FRAZIER, W. ROBINSON</b>
STREET ADDRESS	<b>1515 RIVERSIDE AVENUE</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL 32204</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

11 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>WILLIAM W. BUCKINGHAM</b>
13 STREET ADDRESS	<b>3019 GRAND AVENUE</b>
14 CITY, ST, ZIP	<b>JACKSONVILLE, FLORIDA 32210</b>
21 TITLE	<b>T/S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>JULIE C. BUCKINGHAM</b>
23 STREET ADDRESS	<b>3019 GRAND AVENUE</b>
24 CITY, ST, ZIP	<b>JACKSONVILLE, FLORIDA 32210</b>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 in the 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: *Julie C. Buckingham*      DATE: **2/28/95** (904) 389-7196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JULIE C. BUCKINGHAM**