

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000013991 (2)**

1. Corporation Name

SOUTHERN MAINTENANCE COMPANY OF JACKSONVILLE, IN C.



Principal Place of Business

7921 JAMAICA RD. N.
JACKSONVILLE FL 32216

Mailing Address

7921 JAMAICA RD. N.
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #/Box

State Apt. #/Box

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROSENBLATT, SANFORD M
7921 JAMAICA RD. N.
JACKSONVILLE FL 32216**

81

Name

82

Street Address (P.O. Box Number is Not Applicable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.16(4), Florida Statutes, the above named corporation submits the 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, Sections 607.06(2) and 607.16(4), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
	P ROSENBLATT, SANFORD M	7921 JAMAICA ROAD NORTH	JACKSONVILLE FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP	[] Change [] Addition
19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY-STATE-ZIP	23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY-STATE-ZIP	[] Change [] Addition
27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY-STATE-ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	[] Change [] Addition
35. TITLE	36. NAME	37. STREET ADDRESS	38. CITY-STATE-ZIP	39. TITLE	40. NAME	41. STREET ADDRESS	42. CITY-STATE-ZIP	[] Change [] Addition
43. TITLE	44. NAME	45. STREET ADDRESS	46. CITY-STATE-ZIP	47. TITLE	48. NAME	49. STREET ADDRESS	50. CITY-STATE-ZIP	[] Change [] Addition

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 provided hereon is in respect of supplemental annual reports as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the incorporation of which is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Sanford M. Rosenblatt* **SANFORD M. ROSENBLATT 4-1-96** (904) 725-2906

CR2E034 (12/95)