

ANNUAL REPORT
1985

State of Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V32339** (6)
1. Corporation Name
ZACHARY & ASSOCIATES, INC.

Principal Place of Business 4309 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE FL 32217 US	Mailing Address 4309 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE FL 32217 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/27/1982	3a. Date of Last Report 01/20/1984
4. FEI Number 59-3125529	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5251 Emerson Street Suite, Apt. #, etc.	2a. Mailing Address 26 5251 Emerson Street Suite, Apt. #, etc.
22 City & State 23 Jacksonville FL	27 City & State 28 Jacksonville FL
24 32207 25 U.S.	29 32207 30 U.S.

9. Name and Address of Current Registered Agent
**FIELDS, ZACHARY R
4241 BAYMEADOWS RD
SUITE 5
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5251 Emerson Street
83
84 City **Jacksonville FL 32207 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME FIELDS, ZACHARY R	STREET ADDRESS 4241 BAYMEADOWS RD STE 5	CITY - ST - ZIP JACKSONVILLE FL
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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5251 Emerson Street
1.4 CITY - ST - ZIP	Jacksonville FL 32207
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with my address.

SIGNATURE: *Zachary R. Fields* President 4/26/85 - 904 346 0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR