

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

95 FEB 17 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G68892** (0)

1. Corporation Name
COHEN & THURSTON, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1723 BLANDING BLVD. 102 JACKSONVILLE FL 32210 US		Mailing Address 1723 BLANDING BLVD. 102 JACKSONVILLE FL 32210 US		3. Date Incorporated or Qualified 11/14/1983		3a. Date of Last Report 01/20/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2343952		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 25		Country 29		Zip 30		Country 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**COHEN, LANCE PAUL
1710 BLANDING BLVD., STE. 102
JACKSONVILLE FL 32210**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 1723 Blanding Blvd.	
83 SUITE 102	
84 City JACKSONVILLE	85 Zip Code FL 32210

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: **LANCE PAUL COHEN** 1-10-95
Signature, typed or printed name of registered agent and life of applicant (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	COHEN, LANCE PAUL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, LANCE PAUL	1.2 NAME	
STREET ADDRESS	1710 BLANDING BLVD., STE. 102	1.3 STREET ADDRESS	1723 Blanding Blvd, Ste 102
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE DS	THURSTON, JANET HALL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THURSTON, JANET HALL	2.2 NAME	
STREET ADDRESS	1710 BLANDING BLVD., STE. 102	2.3 STREET ADDRESS	1723 Blanding Blvd, Ste 102
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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, partnership, trust, or trustor 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 from an amendment with an address.

SIGNATURE: **LANCE PAUL COHEN** 1-10-95 904/388-6500
Signature, typed or printed name of signing officer or director (Date) (Signature Printed)