

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 714162 (5)

1. Corporation Name
URBAN JACKSONVILLE, INC.

95 FEB 24 AM 11:34

Principal Place of Business Mailing Address
**256 EAST CHURCH ST.
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1968** 3a. Date of Last Report **01/28/1994**
4. FEI Number **23-7024899** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HOLSHOUSER, ERIC J.
2065 HERSCHEL STREET
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 _____ DATE _____
Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | C |
| NAME | WELTSEK, GUSTAVE J. JR. |
| STREET ADDRESS | 256 E. CHURCH ST. |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | MARTIN, WILLIAM S., JR. |
| STREET ADDRESS | 501 WEST STATE STREET |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | S |
| NAME | SEFTON, JOHN T. |
| STREET ADDRESS | 200 NORTH LAURA STREET |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | TP |
| NAME | MILTON, GLENN |
| STREET ADDRESS | 4000 ST. JOHN'S AVE. #13C |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | JACKSON, VINCENT V |
| STREET ADDRESS | 4902 ARROWSMITH ROAD |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | DALE, HOWARD |
| STREET ADDRESS | 200 W FORSYTH ST, 8-1100 |
| CITY - ST - ZIP | JACKSONVILLE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | S DAME, JILL L. |
| 2.3 STREET ADDRESS | 2905 GRAND AVENUE |
| 2.4 CITY - ST - ZIP | JACKSONVILLE FL 32210 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | P |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | T |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D MCCLUNG, ROGER L. |
| 6.3 STREET ADDRESS | 13 SOLANA ROAD |
| 6.4 CITY - ST - ZIP | PONTE VEDRA BEACH FL 32082 |

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 under oath; that I am an officer or director of the corporation or the receiver or trustee or empowered to prepare this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, unless an attachment with an addition.

SIGNATURE: *Gustave J. Weltsek, Jr.*
GUSTAVE J. WELTSEK, JR., CHAIRMAN OF THE BOARD

(904) 798-5339