

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

95 MAR 31 PM 3:25

DOCUMENT # **N93000003015 (5)**

1. Corporation Name

MCCORMICK WOODS ASSOCIATION, INC.

Principal Place of Business

**6810 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32217**

Mailing Address

**6810 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

09/07/1994

4. FEI Number

59-3254672

Applied For

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**

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

2. Principal Place of Business

21 2771-25 MONUMENT ROAD

2a. Mailing Address

26 2771-25 MONUMENT RD.

Suite, Apt. #, etc.

22 SUITE # 218

Suite, Apt. #, etc.

27 SUITE # 218

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32225

Country

25 USA

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

**NEWTON, CLIFFORD B
10192 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name

ROBERT A. MCNEAL

82 Street Address (P.O. Box Number is Not Acceptable)

2734 MCCORMICK WOODS DRIVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

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 **Robert A. McNeal**, **ROBERT A. MCNEAL**, PRESIDENT

3/22/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOSTIE, RENE JR
STREET ADDRESS	6810 ST. AUGUSTINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	VD
NAME	DOSTIE, RICHARD R
STREET ADDRESS	6810 ST. AUGUSTINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	SD
NAME	DOSTIE, DAVID O
STREET ADDRESS	6810 ST. AUGUSTINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL 32217
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	PD	☒ Change ☐ Addition
12 NAME	ROBERT A. MCNEAL	
13 STREET ADDRESS	2734 MCCORMICK WOODS DRIVE	
14 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	KIM CORK	
23 STREET ADDRESS	2719 MCCORMICK WOODS DRIVE	
24 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
31 TITLE	TD	☒ Change ☐ Addition
32 NAME	ALLEN JACOBS	
33 STREET ADDRESS	2648 MCCORMICK WOODS DRIVE	
34 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert A. McNeal**, **ROBERT A. MCNEAL / PRES.**, **3/22/95**, **(904) 221-8416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number