

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **714162** (5)

1. Corporation Name

URBAN JACKSONVILLE, INC.



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

3. Date Incorporated or Qualified: **02/26/1968**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business: 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

4. FEI Number: **23-7024899**
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLSHOUSER, ERIC J.
2065 HERSCHEL STREET
JACKSONVILLE FL 32204**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WELTSEK, GUSTAVE J. JR.	
STREET ADDRESS	256 E. CHURCH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAME, JILL L	
STREET ADDRESS	2905 GRAND AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SEFTON, JOHN T.	
STREET ADDRESS	200 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILTON, GLENN	
STREET ADDRESS	4000 ST. JOHN'S AVE. #13C	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, VINCENT V	
STREET ADDRESS	4902 ARROWSMITH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCLUNG, ROGER L	
STREET ADDRESS	13 SOLANA ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEFTON, JOHN T. "D"	
1.3 STREET ADDRESS	200 LAURA STREET	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WELTSEK, GUSTAVE J., JR. "D"	
2.3 STREET ADDRESS	256 EAST CHURCH STREET	
2.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MERRITT, KENYON "D"	
3.3 STREET ADDRESS	4306 VENETIA BOULEVARD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILTON, GLENN "D"	
4.3 STREET ADDRESS	4000 ST. JOHN'S AVENUE	
4.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACKSON, VINCENT "D"	
5.3 STREET ADDRESS	4002 ARROWSMITH	
5.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	000001779310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/15/96--01019--010	
6.3 STREET ADDRESS	***61.25	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GUSTAVE J. WELSEK, JR.

Date

Daytime Phone #

Gustave J. Welsek Jr. 3/29/96 (904) 798-5339

CR2E037 (12/95)