

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600279

Entity Name: HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.

Current Principal Place of Business:

I INDEPENDENT SQ.
2301
JACKSONVILLE, FL 32202

Current Mailing Address:

I INDEPENDENT DR.
2301
JACKSONVILLE, FL 32202

FEI Number: 59-1197594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT SQUARE
SUITE 2301
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name AKEL, EDWARD C
Address 1 INDEPENDENT SQUARE, #2301
City-State-Zip: JACKSONVILLE FL 32202

Title VP, DIRECTOR
Name COLD, KATHLEEN H
Address 1 INDEPENDENT SQUARE, #2301
City-State-Zip: JACKSONVILLE FL 32202

Title VP, DIRECTOR
Name HOLBROOK, H. LEON III
Address 1 INDEPENDENT SQUARE, 2301
City-State-Zip: JACKSONVILLE FL 32202

Title VP, DIRECTOR
Name AKEL, DANIEL D
Address 1 INDEPENDENT SQUARE, #2301
City-State-Zip: JACKSONVILLE FL 32202

Title VP, DIRECTOR
Name STIEFEL, JOHN RJR
Address 1 INDEPENDENT SQUARE, #2301
City-State-Zip: JACKSONVILLE FL 32202

Title VP, DIRECTOR
Name RAY, THOMAS R
Address 1 INDEPENDENT SQUARE, #2301
City-State-Zip: JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD C AKEL

PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date