

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603638

**Entity Name:** BEDELL, DITTMAR, DEVAULT, PILLANS & COXE  
PROFESSIONAL ASSOCIATION**FILED**  
**Jan 06, 2021**  
**Secretary of State**  
**4302393189CC****Current Principal Place of Business:**101 E. ADAMS STREET  
JACKSONVILLE, FL 32202-0330**Current Mailing Address:**101 E. ADAMS STREET  
JACKSONVILLE, FL 32202-0330**FEI Number: 59-1407533****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARKSDALE, OLIVER DAVID ESQ.  
101 E ADAMS ST  
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:** OLIVER DAVID BARKSDALE

01/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TRIPP, C. WARREN JR.  
Address 4528 ORTEGA BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name COXE, HENRY M III  
Address 1824 MCINTOSH PLACE  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name BROOKE, ALLAN F II  
Address 4979 APACHE AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR, VP  
Name FARNELL, R. H III  
Address 4415 BALTIC STREET  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR, PRESIDENT  
Name BARKSDALE, OLIVER DAVID  
Address 1812 SEMINOLE ROAD  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR, SECRETARY  
Name COUGHLIN, BRIAN T.  
Address 3709 CAMDEN ISLAND COURT S.  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR, TREASURER  
Name LOCKAMY, MICHAEL E.  
Address 1435 RIVERBIRCH LANE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name WOODLEE, JOHN G.  
Address 609 METEOR STREET  
City-State-Zip: JACKSONVILLE FL 32205

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*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:** OLIVER DAVID BARKSDALE**PRESIDENT**

01/06/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	COX, ASHLEY W.
Address	344 5TH STREET
City-State-Zip:	ATLANTIC BEACH FL 32233