

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**Continues on page 2**

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