

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603638

Entity Name: BEDELL, DITTMAR, DEVAULT, PILLANS & COXE
PROFESSIONAL ASSOCIATION

FILED
Jan 05, 2022
Secretary of State
7374045456CC

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

01/05/2022

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

DIRECTOR/PRESIDENT

01/05/2022

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