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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 127648 (4)
1. Corporation Name
B.B. MCCORMICK & SONS INC.

Principal Place of Business Mailing Address
430 1ST AVENUE SOUTH JACKSONVILLE BCH FL 32250 US
444 THIRD ST. SUITE 3 NEPTUNE BEACH FL 32286-5111

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **05/20/1933** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-0351360** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under G. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCCORMICK, J T
430 1ST AVE S
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCORMICK, J.T.
STREET ADDRESS	430 1ST AVE S
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	D
NAME	MCCORMICK, J. HADEN
STREET ADDRESS	430 1ST AVE, S.
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	VD
NAME	MCCORMICK, REID T.
STREET ADDRESS	430 1ST AVE S.
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	STD
NAME	MCCORMICK, WADE T
STREET ADDRESS	430 1ST AVE S
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	AS
NAME	WAINER, DAVID S. JR.
STREET ADDRESS	430 1ST AVE S
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information presented 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on the attachment with an asterisk.

SIGNATURE:  **J.T. MCCORMICK**
DATE: **3/22/95** DAYTIME PHONE: **904/249-5661**