

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 129561 (7)

1. Corporation Name

FIRST OF FLORIDA CORPORATION

55 MAY -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

HENRY B PEACOCK JR
51 N W 1ST ST
MIAMI FL 33128-1891
US

Mailing Address

HENRY B PEACOCK JR
51 N W 1ST ST
MIAMI FL 33128-1891
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 International Place, Suite
Suite, Apt. #, etc. 2370

22 100 SE 2 Street

23 City & State
Miami, FL

24 Zip
33131-2145

25 Country
USA

2a. Mailing Address

26 International Place, Suite
Suite, Apt. #, etc. 2370

27 100 SE 2 Street

28 City & State
Miami, FL

29 Zip
33131-2145

30 Country
USA

3. Date Incorporated or Qualified

10/08/1934

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0242625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PEACOCK JR, HENRY B
51 NW FIRST ST
MIAMI FL 33128

10. Name and Address of New Registered Agent

B1 Name
Barbara A. Rickard
B2 Street Address (P.O. Box Number is Not Acceptable)
International Place, Suite 2370
B3
100 SE 2 Street
B4 City
MIAMI
B5 Zip Code
FL 33131-2145

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

Barbara A. Rickard

Barbara A. Rickard, Sec/Treas

4/21/95

(Signature, typed or printed name of registered agent and title of corporation)

(Signature, typed or printed name of registered agent and title of corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
SD
NAME
RICKARD, B A
STREET ADDRESS
51 N W FIRST STREET
CITY, ST, ZIP
MIAMI FL

TITLE
PTD
NAME
PEACOCK, HENRY JR
STREET ADDRESS
51 N W FIRST ST
CITY, ST, ZIP
MIAMI FL

TITLE
VD
NAME
HEMMINGS, ARTHUR I
STREET ADDRESS
2582 SW 7 CT
CITY, ST, ZIP
HOMESTEAD FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
S/T D ☒ Change ☐ Addition
12 NAME
Barbara A. Rickard
13 STREET ADDRESS
100 SE 2 Street, Suite 2370
14 CITY, ST, ZIP
Miami, FL 33131 2145

21 TITLE
22 NAME
Delete as decreased 10/30/94
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
P/D ☒ Change ☐ Addition
33 STREET ADDRESS
Homestead, FL 33033-5210
34 CITY, ST, ZIP

41 TITLE
42 NAME
V/D ☐ Change ☒ Addition
43 STREET ADDRESS
Samuel L. Barr, Jr.
801 Brickell Avenue, 19th Floor
44 CITY, ST, ZIP
Miami, FL 33131

51 TITLE
52 NAME
☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
☐ Change ☐ Addition
63 STREET ADDRESS
64 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)(b), Florida Statutes. I further certify that the information indicated on the 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 registered agent 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 changed, or on an attachment with an address.

SIGNATURE:

Barbara A. Rickard

Barbara A. Rickard 4/21/95 (305) 373-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number