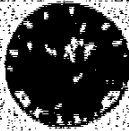


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 134054

(6)

1. Corporation Name

STATE INVESTMENT COMPANY

Principal Place of Business

P.O. BOX 23827
JACKSONVILLE FL 32211-3827
US

Mailing Address

P.O. BOX 23827
JACKSONVILLE FL 32211-3827
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1937

3a. Date of Last Report

04/21/1994

4. FEI Number

59-0975800

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. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**FOSTER, DAVID M
1800 GULF LIFE DR.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1300 Riverplace Blvd.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SMITH, P JEREMY JR
8540 SAN JOSE BLVD
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
LUKE, JOSEPH C
8540 SAN JOSE BLVD
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
FOSTER, DAVID
1800 GULF LIFE DR.
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TAS
GLAVIN, THOMAS M.
8540 SAN JOSE BLVD.
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
WILSON, KENNETH P.
8540 SAN JOSE BOULEVARD
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VS
LUEDERS, JACK C. JR.
8540 SAN JOSE BLVD
JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

1300 Riverplace Blvd.

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 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 changed, or on an attachment with an address.

SIGNATURE:

Thomas M. Glavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS M. GLAVIN

4-11-95

737-7220