

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90054 009 ***158.75

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DOCUMENT # 154398

1. Entity Name
MCNEILL-WALL & ASSOCIATES, INC.

Principal Place of Business
**1211 NORTH THIRD ST
 JACKSONVILLE BEACH FL 32250-7069**

Mailing Address
**PO BOX 50069
 JACKSONVILLE FL 32240-0069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0580136**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALL, JOHN R III
 720 WANDERING LANE
 ST AUGUSTINE FL 32080**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **C WALL, JOHN RICHARD, III** ☐ Delete
 STREET ADDRESS **720 WANDERING LANE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **P GARRISON, CORRINE** ☐ Delete
 STREET ADDRESS **14476 SAN PABLO DR. N**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S WOOD, SHARON M** ☒ Delete
 STREET ADDRESS **28 MILLIE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S FLETCHER, JOHN L** ☐ Delete
 STREET ADDRESS **672 OCEAN BV**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **V MCCORMICK, PATRICIA** ☒ Delete
 STREET ADDRESS **14560 SAN PABLO DR N**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Corrine Garrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 904-249-2345

Date

Daytime Phone #

CR2E034 (9/01)