

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 158607

(2)

1. Corporation Name

ALCLIFF INVESTMENT COMPANY

Principal Place of Business

6622 SOUTHPOINT DR SO.
C/O SUMMITT COM PROP. BARNETT PLAZA #400
JACKSONVILLE FL 32216

Mailing Address

6622 SOUTHPOINT DR SO.
C/O SUMMITT COM PROP. BARNETT PLAZA #400
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/23/1949

3a. Date of Last Report 02/10/1994

4. FEI Number

59-6057618

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. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULMER, THOMAS P
6622 SOUTHPOINT DRIVE SOUTH
BARNETT PLAZA, SUITE 400
JACKSONVILLE FL 32216

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

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

(NOTE: Registered Agent signature required when reappointing)

Mar 18, 1995
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ULMER, THOMAS P
STREET ADDRESS 2070 ST JOHNS AVE
CITY-ST-ZIP JAX, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE AS
NAME ULMER, HERMAN JR
STREET ADDRESS 514 LOMAX ST.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD
NAME SMITH, CHARLES C JR
STREET ADDRESS 4985 ARAPAHOE AVE.
CITY-ST-ZIP JAX, FL 00000

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE V
NAME SCHULTZ, FRED
STREET ADDRESS 118 W ADAMS ST
CITY-ST-ZIP JAX, FL 00000

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ATD
NAME GUILLEBEAU, MARTHA
STREET ADDRESS 7944 LIMOGES DR. S.
CITY-ST-ZIP JAX, FL 00000

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 P. ULMER

Thomas P. Ulmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1995
DATE

(904) 296 8000
TELEPHONE NUMBER