

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 168494

(3)

1. Corporation Name

FLORA HOMES, INC.

Principal Place of Business

**4502 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

Mailing Address

**4502 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1952

3a. Date of Last Report

04/28/1994

4. FEI Number

59-0686010

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

2. Principal Place of Business

21 1325 W. Beaver St.

2a. Mailing Address

20 P. O. Box 40706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32209

Country

25 Duval

Zip

29 32203

Country

30 Duval

9. Name and Address of Current Registered Agent

**DAWKINS, D.C., JR.
4502 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

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

83 1325 W. Beaver St., P. O. Box 40706

84 City

Jacksonville

FL

85 Zip Code

32203

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 registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PTD
NAME DAWKINS, D.C. JR.
STREET ADDRESS 4502 IRVINGTON AVE
CITY- ST- ZIP JACKSONVILLE, FL 00000**

**TITLE VPD
NAME DAWKINS, D. CLINTON III
STREET ADDRESS 4502 IRVINGTON AVE
CITY- ST- ZIP JACKSONVILLE, FL 00000**

**TITLE SV
NAME JOHNSTON, E. ANN
STREET ADDRESS 4502 IRVINGTON AVE
CITY- ST- ZIP JACKSONVILLE, FL 00000**

**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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

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)(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:

Ann E. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Ann E. Johnston 4/27/95 904-355-3104