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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 1:40

DOCUMENT # **182406** **(9)**

1. Corporation Name
**BELCHER AND ASSOCIATES INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 8751 ATLANTIC BLVD<br>JACKSONVILLE FL 32211<br>US | 8751 ATLANTIC BLVD<br>JACKSONVILLE FL 32211<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1954**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business
21: 2701 Rocky Pt. Drive
22 Suite/Apt. #, etc.: Suite 520
23 City & State: Tampa FL
24 Zip: 33607 25 Country: US

2a. Mailing Address
26: 2701 Rocky Point Drive
27 Suite/Apt. #, etc.: Suite 520
28 City & State: Tampa FL
29 Zip: 33607 30 Country: US

4. FEI Number: **59-0724533** ☐ 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

**BELCHER,VIRGINIA M**
**234 UNIVERSITY BLVD N**
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

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 _____ DATE
(NOTE: Registered Agent signature required when necessary)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DST | 11 TITLE | | ☑ Change ☐ Addition |
| NAME | BELCHER,VIRGINIA M | 12 NAME | | |
| STREET ADDRESS | 234 UNIVERSITY BLVD. N. | 13 STREET ADDRESS | ADD "N." | |
| CITY ST ZIP | JACKSONVILLE FL 32211 | 14 CITY ST ZIP | ADD "32211" | |
| TITLE | D | 21 TITLE | | ☑ Change ☐ Addition |
| NAME | BELCHER,H JACK | 22 NAME | | |
| STREET ADDRESS | 234 UNIVERSITY BLVD. N. | 23 STREET ADDRESS | ADD "N" | |
| CITY ST ZIP | JACKSONVILLE FL 32211 | 24 CITY ST ZIP | ADD "32211" | |
| TITLE | PD | 31 TITLE | | ☑ Change ☐ Addition |
| NAME | BELCHER, JAMES J. | 32 NAME | | |
| STREET ADDRESS | 1403 W WATROUS AVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | TAMPA FL 33606 | 34 CITY ST ZIP | ADD "33606 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 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 119.07(3)(i), 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 with changes, if any, as an officer or director.

**SIGNATURE:** James J. Belcher 3/14/95 (813) 289-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0017010 CP