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95 APR 25 AM 10:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 201452 (0)		
1. Corporation Name JACKSONVILLE ENTERPRISES, INC.		

Principal Place of Business WILLIAM R CESERY 2847 CESERY BLVD JACKSONVILLE FL 32211		Mailing Address WILLIAM R CESERY 2847 CESERY BLVD JACKSONVILLE FL 32211	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/08/1957	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0863110	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30

DO NOT WRITE IN THIS SPACE.

8. Name and Address of Current Registered Agent CESERY JR., WILLIAM 2847 CESERY BOULEVARD JACKSONVILLE FL 32211	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CESERY, WILLIAM R 2847 CESERY BLVD JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DECEASED ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CESERY, V. H. 2847 CESERY BLVD JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CESERY, WILLIAM R., JR. 2847 CESERY BLVD. JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TAYLOR, MARTHA C. 2847 CESERY BOULEVARD JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CESERY, BARBARA H. 2847 CESERY BOULEVARD JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 119.07(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:  **WILLIAM R. CESERY, JR.** 4/20/95 901 714-5322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR