

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 21

DOCUMENT # 257338

(4)

1. Corporation Name

RALPH J. MACAULEY INC.

Principal Place of Business

2700-C UNIVERSITY BLVD. W.  
P O BOX 10181  
JACKSONVILLE FL 32241

Mailing Address

2700-C UNIVERSITY BLVD. W.  
P O BOX 10181  
JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1971

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0973364

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

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MACAULEY, RALPH J  
2700-C UNIVERSITY BLVD. W.  
JACKSONVILLE FL 32241

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

Signature of person named registered agent and the corporation

Signature of person named registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD  
MACAULEY, RALPH J  
906 WATERMAN RD S  
JACKSONVILLE FL

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STD  
MACAULEY, EILEEN C  
906 WATERMAN RD S  
JACKSONVILLE FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.05, 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 of this report or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2-11-95 904 290 0600