

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 033 ***150.00

DOCUMENT # 285389

1. Entity Name
F & H OF JACKSONVILLE, INC.



Principal Place of Business

**341 E. FORSYTH ST
JACKSONVILLE, FL 32202**

Mailing Address

**341 E. FORSYTH ST
JACKSONVILLE, FL 32202**

2. Principal Place of Business

337 E. Forsyth St.

3. Mailing Address

337 E. Forsyth St.

40001118



01042006 Chg-P CR2E034 (11/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1085874

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32202

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MADISON, BAKER W
341 EAST FORSYTH STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **Madison, Baker W.**

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

337 E. Forsyth St.

City **Jacksonville**

FL

Zip Code **32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. W. Madison**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.9.06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MADISON, BAKER W
341 E. FORSYTH ST
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MADISON, BAKER W
341 E. FORSYTH
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
337 E. Forsyth St. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
337 E. Forsyth St. ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **B. W. Madison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.9.06 904)355.4549