

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **383538**
1. Corporation Name
THE JOHN GIRVAN COMPANY, INC.

(6)

95 MAR 14 AM 8:12

Principal Place of Business
**17730 PHILLIPS HWY
JACKSONVILLE FL 32256**

Mailing Address

**17730 PHILLIPS HWY
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3a. Date Incorporated or Quilted 06/08/1971	3b. Date of Last Report 05/01/1994
2b. Suite, Apt. #, etc. 22	2c. Suite, Apt. #, etc. 27	4. FEI Number 59-1349742	Applied For <input type="checkbox"/> Not Applicable
2d. City & State 23	2e. City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
2f. Zip 24	2g. Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent GIRVAN, DON H. 11730 PHILLIPS HWY. JACKSONVILLE FL 32256		8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name FL	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] Date of Change of Registered Agent and the Date of Birth

[Signature] Notary Registered Agent Signature and Seal or Notary Public Seal

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OFFICE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAME	12. NAME		
STREET ADDRESS	STREET ADDRESS	13. STREET ADDRESS		
CITY ST ZIP	ST AUGUSTINE FL 32092	14. CITY ST ZIP		
OFFICE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LINDA G.	22. NAME		
STREET ADDRESS	10263 WHISPERING FOREST DR. #419	23. STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 30000	24. CITY ST ZIP		
OFFICE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32. NAME		
STREET ADDRESS		33. STREET ADDRESS		
CITY ST ZIP		34. CITY ST ZIP		
OFFICE	NAME	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42. NAME		
STREET ADDRESS		43. STREET ADDRESS		
CITY ST ZIP		44. CITY ST ZIP		
OFFICE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME		
STREET ADDRESS		53. STREET ADDRESS		
CITY ST ZIP		54. CITY ST ZIP		
OFFICE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 a made or written oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed), or on an attachment with no address.

SIGNATURE: *Linda G. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95 904
260-4505
Date
Notary Public