

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:12

DOCUMENT # 383538 (6)
1. Corporation Name
THE JOHN GIRVAN COMPANY, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Quoted **06/08/1971** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1349742** 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 Fee**
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 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GIRVAN, DON H. 11730 PHILLIPS HWY. JACKSONVILLE FL 32256
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 officer 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 Registered Agent or Secretary of State) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1. TITLE	☐ Change ☐ Addition
NAME	GIRVAN, DON H.	12. NAME	
STREET ADDRESS	5417 RIVERWOOD RD N.	13. STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	14. CITY-ST-ZIP	
TITLE	VPS	2. TITLE	☒ Change ☐ Addition
NAME	BROWN, LINDA G.	22. NAME	BROWN, LINDA G.
STREET ADDRESS	10263 WHISPERING FOREST DR., #419	23. STREET ADDRESS	4418 Millstone CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24. CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(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 (changed), or on an attachment with an address.

SIGNATURE: *Linda G. Brown* 370-95 260-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)