

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

CORPORATION
ANNUAL REPORT
1995



REPUBLIC OF THE STATE OF FLORIDA
TALLAHASSEE
OFFICE OF THE SECRETARY OF STATE

**APPROVED
AND
FILED**

5 MAY 10 AM 10:25

DOCUMENT # 407851 (5)

HAYNES, PETERS & BOND COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1049 MAY ST JACKSONVILLE FL 32204**
 Mailing Address: **1049 MAY ST JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Issuance 08/28/1972		3a. Date of Last Report 03/18/1994	
4. FEI Number 59-1411200		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.033? Personal liability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAGEVNEY, HUGH M., III 1049 MAY ST. JACKSONVILLE FL 32204				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State FL 85. Zip Code			

11. I, the undersigned, being duly sworn to, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the state of Florida as set forth herein, and that the corporation is not at the time in default of any law, statute or contract in respect to the appointment of its registered agent in any state.

Signed At: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	VSD COPPOLA, JOHN R. 1049 MAY ST. JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVT MAGEVNEY, HUGH M., III 1049 MAY ST. JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HAYNES, CALDWELL L. 1049 MAY ST. JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAGEVNEY, HUGH M., III 1049 MAY ST. JACKSONVILLE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information reported with this filing is correct and true, and I am duly sworn to, for the corporation stated on this form. I hereby certify that the information is true and correct, and that the corporation shall keep this certificate on file as a public record, and that any change or amendment to this filing shall be reported to the Secretary of State within 30 days of the date of such change or amendment.

SIGNATURE:

5/5/95 (904) 358-1877