

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 PM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **444160** (6)
1. Corporation Name
AVONDALE PROPERTIES, INC.

Principal Place of Business Mailing Address
4595 LEXINGTON AVE. JACKSONVILLE FL 32210
4595 LEXINGTON AVE. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/15/1974** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1631079** 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 Statute: Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4595 Lexington Ave** 26 **4595 Lexington Ave**
22 Suite, Apt #, etc. 27 Suite, Apt #, etc.
23 **Jax FL** 28 **Jax FL**
24 **32210** 25 Country 29 **32210** 30 Country

9. Name and Address of Current Registered Agent
MILNE, JACK F
4595 LEXINGTON AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 Registered Agent required when recording) _____ (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNE, DOUGLAS J	12 NAME	
STREET ADDRESS	4595 LEXINGTON AVE	13 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		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	
TITLE		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	
TITLE		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	
TITLE		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(1)(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 of checked, or on an attachment with an address.

SIGNATURE: *DJ Milne* **D.J. Milne** 4/27/95 904-387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)