

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

SEAL - 1 PM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 453558

(9)

1. Corporation Name

FLORIDA SUB TWO, INC.

Principal Place of Business

**825 NORTH LANE AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**825 NORTH LANE AVENUE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1974

3a. Date of Last Report

02/22/1994

4. FEI Number

59-1637056

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 Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Non operating entity

2a. Mailing Address

26 1300 Mecaslin St., N.W. 59-1637056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**27 City & State
28 Atlanta, GA**

Zip

Country

Zip

Country

24

25

29 30318

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, LEWIS S.
850 FLA NAT'L BANK BLDG, BX 489
JACKSONVILLE FL 32205**

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 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 typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **WEBB, JESSE J**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY- ST- ZIP **ATLANTA GA**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **VPD**
NAME **THURSTON, KENNETH P**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY- ST- ZIP **ATLANTA GA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **GIBSON, GERALD C**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY- ST- ZIP **ATLANTA GA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald C. Gibson Secretary

4/27/95

404-897-4570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number