

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

95 MAR 21 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **474857** (0)

1. Corporation Name
WALTER DICKINSON, INC.

Principal Place of Business: **INDEPENDENT SQUARE, SUITE 2401 JACKSONVILLE FL 32202**
Mailing Address: **INDEPENDENT SQUARE, SUITE 2401 JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/25/1975**
3a. Date of Last Report: **06/30/1994**

4. FEI Number: **59-1593572**
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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 One Independent Drive, Suite 2401, Jacksonville, Florida**
2a. Mailing Address: **26 One Independent Drive, Suite 2401, Jacksonville, Florida**
23. City & State: **Jacksonville, Florida**
24. Zip: **32202**, 25. Country: **Duval**
27. City & State: **Jacksonville, Florida**
28. Zip: **32202**, 29. Country: **Duval**

9. Name and Address of Current Registered Agent: **MIKALS, JOHN J. E. Same agent new address ONE INDEPENDENT DR., STE 2000 JACKSONVILLE FL 32202**
10. Name and Address of New Registered Agent: **81 Name: John E. Mikals; 82 Street Address: 50 North Laura Street, STE. 3900; 83 Jacksonville, Florida 32202; 84 City; 85 Zip Code: FL**

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: **John J. Mikals** (typed name) / *John J. Mikals* (signature) / **2-1-95** (date)
NOTE: Registered Agent signature required when reconstituting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DICKINSON, WALTER D.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2301 INDEPENDENT SQUARE	CITY-ST-ZIP: JACKSONVILLE FL	1.2 NAME: Walter D. Dickinson	
		1.3 STREET ADDRESS: One Independent Drive, STE 2401	
		1.4 CITY-ST-ZIP: Jacksonville, Florida 32202	
TITLE:	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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 110.07(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 its 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 if changed, or on an attachment with an address.

SIGNATURE: **Walter Dickinson** (typed name) / *Walter Dickinson* (signature) / **2/8/95** (date)