

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 475363 (8)**

1. Corporation Name

**WILLIAM H. COLEMAN, INC.**

**FILED**  
95 AUG 10 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

4519 BEACH BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32207  
US

Mailing Address

4519 BEACH BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/07/1975** 3a. Date of Last Report **08/19/1994**

4. FEI Number **59-1616836** 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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**COLEMAN, WILLIAM H.**  
**1517 MALLORY STREET**  
**JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name **William H. Coleman**  
82 Street Address (P.O. Box Number is Not Acceptable) **3454 FITCH STREET**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32205**

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

*William Coleman*

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

DATE

**8/3/95**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	COLEMAN, WILLIAM H	3454 FITCH STREET	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

*William Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3/95**

Date

**904-3986777**

Telephone Number

CR2E034 (3/95)