

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 25 AM 10: 26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 476969

(1)

1. Corporation Name

GUSTAFSON GROUP - JACKSONVILLE, INC.

Principal Place of Business

**1600 GULF LIFE TOWER
JACKSONVILLE FL 32207
US**

Mailing Address

**1600 GULF LIFE TOWER
JACKSONVILLE FL 32207
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1975

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1594787

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. 198.04, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1301 RIVERPLACE BLVD

2a. Mailing Address

26 1301 RIVERPLACE BLVD

Suite, Apt. #, etc.

22 SUITE 1609

Suite, Apt. #, etc.

27 SUITE 1609

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PEEK, DAVID H., ESQ.
1600 GULF LIFE TOWER
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

82 1301 RIVERPLACE BLVD

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 of Agent or Registered Agent or Registered Agent)

(Signature of Registered Agent or Registered Agent or Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

**~~DPS~~
~~FISCHER, LEE W.~~
~~1886 W. BEAVER ST.~~
~~JACKSONVILLE FL~~**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**DPS
MARC F GUSTAFSON
1301 RIVERPLACE BLVD, SUITE 1609
JACKSONVILLE FL 32207**

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

**AS
EG PEEK III
1301 RIVERPLACE BLVD, SUITE 1609
JACKSONVILLE FL 32207**

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY, ST, ZIP

14.5 CITY, ST, ZIP

14.6 CITY, ST, ZIP

14.7 CITY, ST, ZIP

14.8 CITY, ST, ZIP

14.9 CITY, ST, ZIP

14.10 CITY, ST, ZIP

14.11 CITY, ST, ZIP

14.12 CITY, ST, ZIP

14.13 CITY, ST, ZIP

14.14 CITY, ST, ZIP

14.15 CITY, ST, ZIP

14.16 CITY, ST, ZIP

14.17 CITY, ST, ZIP

14.18 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY, ST, ZIP

☐ Change ☒ Addition

**DPS
MARC F GUSTAFSON
1301 RIVERPLACE BLVD, SUITE 1609
JACKSONVILLE FL 32207**

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY, ST, ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY, ST, ZIP

☐ Change ☒ Addition

**AS
EG PEEK III
1301 RIVERPLACE BLVD, SUITE 1609
JACKSONVILLE FL 32207**

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY, ST, ZIP

☐ Change ☐ Addition

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or new addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. G. PEEK III, ASS'T SEC.

7/21/95

904/399-1609