

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:25

DOCUMENT # 519065 (7)

1. Corporation Name

COKER, MYERS, SCHICKEL, COOPER & SORENSON P.A.

Principal Place of Business

Mailing Address

136 EAST BAY STREET
PO BOX 1860
JACKSONVILLE FL 32201

136 EAST BAY STREET
PO BOX 1860
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1976

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1702244

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COKER, HOWARD C
10 S NEWMAN STREET
JACKSONVILLE FL 32201

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

136 EAST BAY STREET

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 date if applicable)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	MYERS, M WAYNE
STREET ADDRESS	136 EAST BAY STREET
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	SD
NAME	SCHICKEL, JOHN J
STREET ADDRESS	136 EAST BAY STREET
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	COKER, HOWARD C
STREET ADDRESS	136 EAST BAY STREET
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	SOERENSON, CHARLES A.
STREET ADDRESS	136 EAST BAY STREET
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	COOPER, WILLIAM G.
STREET ADDRESS	136 EAST BAY STREET
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	V
NAME	LANIER, SAMUEL
STREET ADDRESS	136 E BAY ST.
CITY, ST, ZIP	JACKSONVILLE FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 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:

M. Wayne Myers

M. WAYNE MYERS

3/29/95

904 356-671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number