

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 568652 (2)

1. Corporation Name

POWELL BROTHERS OF JACKSONVILLE NO. 1, INC.

Principal Place of Business

219 NEWMAN STREET
PO BOX 41490
JACKSONVILLE FL 32202

Altering Address

219 NEWMAN STREET
PO BOX 41490
JACKSONVILLE FL 32202

APPROVED
AND
FILED

50 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PRINT OR WRITE IN THIS SPACE)

3. Date Incorporation or Qualification	3b. Date of Last Report
04/14/1978	01/20/1994
4. FEI Number	Applied For
59-1812069	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contributions	☐
7. The corporation has liability for intangible tax under 1981-1982 Florida Statutes	☐

2. Principal Place of Business	2b. Altering Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

POWELL, THOMAS S.
219 NEWMAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. State	FL

11. I, the undersigned, the principal officer or director of the corporation, hereby declare that the information furnished in this report is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida.

Signature of Principal Officer or Director

12. Name and Address of Registered Agent	13. Name and Address of Principal Officer or Director
PST POWELL, THOMAS S. 219 NEWMAN STREET JACKSONVILLE FL	

14. I, the undersigned, hereby declare that the information furnished in this report is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida.

SIGNATURE:

Thomas S. Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas S. Powell

5-16 75 904353 5181