

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:28

DOCUMENT # 575247 (2)

1. Corporation Name

JACKSONVILLE HOTEL SUPPLY COMPANY

Principal Place of Business

2403 CORBETT STREET
P.O. BOX 2006
JACKSONVILLE FL 32203

Mailing Address

2403 CORBETT STREET
P.O. BOX 2006
JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/09/1978	01/28/1994
4. FEI Number	Applied For Not Applicable
59-1838343	
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KERN, FRED L.
2403 CORBETT STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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

Corporation (Agent or principal named registered agent and file if applicable)

(NOTE: Registered Agent signature required when new agent)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	\$	1.1 TITLE	☐ Change ☐ Addition
NAME	KERN, DORTHY H.	1.2 NAME	
STREET ADDRESS	2403 CORBETT ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	PT	2.1 TITLE	☐ Change ☐ Addition
NAME	KERN, FRED L, SR.	2.2 NAME	
STREET ADDRESS	2403 CORBETT ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KERN, FRED L, JR	3.2 NAME	
STREET ADDRESS	2403 CORBETT ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KERN, CHARLES E.	4.2 NAME	
STREET ADDRESS	2403 CORBETT ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	KERN, CURTIS L. (ASST.)	5.2 NAME	
STREET ADDRESS	2403 CORBETT ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, 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 of this form, 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy H. Kern
DORTHY H. KERN

Corp. Secretary

2-16-95

904-356-4846