

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 JUL -3 AM 8:13

DOCUMENT # 588003 (4)

1. Corporation Name

ENNIS, TAYLOR, PELLUM & GRIGGS, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4417 BEACH BLVD SUITE 304
SUITE 304
JACKSONVILLE FL 32207-1732
US

Mailing Address

4417 BEACH BLVD
STE 304
JACKSONVILLE FL 32207-1732
US

3. Date Incorporated or Qualified
09/29/1978

3a. Date of Last Report
04/22/1994

2. Principal Place of Business

21. Suite, Apt. # etc.

2a. Mailing Address

26. Suite, Apt. # etc.

23. City & State

28. City & State

4. FFI Number
59-1843700

Applied For
Not Application

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has a liability for interception fee under R. 1029 (FLS)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ENNIS, JAMES D.
111 SOUTHWEST 3RD STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name **ROBERT W. ENNIS**
82. Street Address (P.O. Box Number is Not Acceptable)
4417 BEACH BLVD suite 304
83.
84. City **JACKSONVILLE** **FL** 85. Zip Code **32207**

11. Pursuant to the provisions of Sections 607.02(2) and 607.13(2)(b), 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 is authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Robert W. ENNIS

Signature of Current Registered Agent or Director

Signature of Registered Agent or Representative of Office

6/26/95

12. OFFICERS AND DIRECTORS

NAME	PD ENNIS, ROBERT W
STREET ADDRESS	2184 IVYGAIL DR W
CITY, STATE, ZIP	JAX, FL 00000
NAME	SD TAYLOR, DAI A.
STREET ADDRESS	403 CAMELIA TRAIL
CITY, STATE, ZIP	ST. AUGUSTINE FL
NAME	TD PELLUM, RONALD R.
STREET ADDRESS	2406 CEDAR SHORES CIRCLE
CITY, STATE, ZIP	JACKSONVILLE FL
NAME	VPD GRIGGS, ERIC
STREET ADDRESS	11037 HARBOUR NORTH LANE
CITY, STATE, ZIP	JACKSONVILLE FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IF:

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and complete, and equally for the incorporation stated in Section 119.02(1)(a), Florida Statutes, I further certify that the information is true, correct and complete 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 and that I am authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

ROBERT W. ENNIS
SIGNATURE AND TYPED OR PRINTED NAME OF MOING OFFICER OR DIRECTOR

6/8/95 (904) 396-5465