

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 588003 (4)

1. Corporation Name

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



Principal Place of Business

Mailing Address

4417 BEACH BLVD SUITE 3604  
SUITE 304  
JACKSONVILLE FL 32207-1732  
US

4417 BEACH BLVD  
STE 304  
JACKSONVILLE FL 32207-1732  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

ENNIS, ROBERT W.  
4417 BEACH BLVD SUITE 304  
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/29/1978

3a. Date of Last Report

07/03/1995

4. FEI Number

59-1843700

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. 199.032,  
Florida Statutes.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 type or print name of registered agent on this line.

NOTE: Registered Agent Signature must be witnessed by a Notary Public.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS           | CITY - ST - ZIP  | <input type="checkbox"/> DELETE |
|-------|-------------------|--------------------------|------------------|---------------------------------|
| PD    | ENNIS, ROBERT W   | 2164 IVYGAIL DR W        | JAX, FL 00000    |                                 |
| SD    | TAYLOR, DAIL A.   | 403 CAMELIA TRAIL        | ST. AUGUSTINE FL |                                 |
| TD    | PELLUM, RONALD R. | 2466 CEDAR SHORES CIRCLE | JACKSONVILLE FL  |                                 |
| VPD   | GRIGGS, ERIC      | 11037 HARBOUR NORTH LANE | JACKSONVILLE FL  |                                 |
|       |                   |                          |                  | <input type="checkbox"/> DELETE |
|       |                   |                          |                  | <input type="checkbox"/> DELETE |
|       |                   |                          |                  | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|--------------------|-------------------------------------------------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(904) 396-5965

CR2E034 (12/95)