FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **601317** **(1)**

1. Corporation Name
HELWIG & FAGAN, P.A.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1969**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 One San Jose Place
Suite, Apt. #, etc.
22 Suite 31
City & State
23 Jacksonville, Florida
Zip 24 32257 Country 25 U.S.A.

2a. Mailing Address
26 One San Jose Place
Suite, Apt. #, etc.
27 Suite 31
City & State
28 Jacksonville, Florida
Zip 29 32257 Country 30 U.S.A.

4. FEI Number: **59-1269997** ☐ 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

9. Name and Address of Current Registered Agent

HELWIG, GRIFFIN
[redacted]

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) One San Jose Place
83 Suite 31
84 City Jacksonville **FL** 85 Zip Code 32257

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	HELWIG, GRIFFIN	12 NAME		
STREET ADDRESS	3030 HARTLEY RD 190	13 STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 31	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	KELLY, SHARON	22 NAME		
STREET ADDRESS	3030 HARTLEY RD 190	23 STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 31	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	FAGAN, M. LEE	32 NAME		
STREET ADDRESS	3030 HARTLEY RD. #190	33 STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 31	
CITY-ST-ZIP	JACKSONVILLE FL 32257	34 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: [signature] 4/25/95 9042687155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0002041 CP