

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1985.
AMOUNT DUE ON OR BEFORE 8/8/84: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602150

(5)

1. Corporation Name

MAHONEY ADAMS & CRISER, P.A.

Principal Place of Business

50 NORTH LAURA STREET
SUITE 3400
JACKSONVILLE FL 32202
US

Mailing Address

POST OFFICE BOX 4099
JACKSONVILLE FL 32201
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1970

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1295175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

KEEFE, JR., KENNETH M
50 N LAURA ST
STE 3400
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC
CRISER, MARSHALL M
116 HAMPSTEAD,
JACKSONVILLE FL

S
KEEFE, JR., KENNETH M
4712 ALGONQUIN AVENUE
JACKSONVILLE BEACH FL

DPT
SKINNER, HALCYON E.
118 KNOTTY PINE TRAIL
PONTE VEDRA BEACH FL

D
GRIMSLEY, JOHN
8158 JOSE CIRCLE WEST
JACKSONVILLE FL

D
WELLS, DAVID
1694 OSPREY BLUFF
ORANGE PARK FL

D
KEEFE, KENNETH M., JR.
4712 ALGONQUIN AVENUE
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. E. Skinner, President

(904) 354-1100