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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90046 026 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602150

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

2. Principal Place of Business

21 Suite, Apt. #, etc.
Suite 3300

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip **25** Country

29 Zip **30** Country

4. FEI Number

59-1295175

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

Rax Co.

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

50 N. Laura Street

83

Suite 3300

84 City

Jacksonville

FL

85 Zip Code

32202

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 **Halcyon E. Skinner, President**

3/3/1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **KEEFE, JR., KENNETH M**
STREET ADDRESS **4712 ALGONQUIN AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MILTON, CHRISTINE R**
STREET ADDRESS **9707 OAK HAMMOCK TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE
NAME **WELLS, DAVID**
STREET ADDRESS **2182 SALT MYRTLE LANE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ DELETE
NAME **BERRY, JR. J**
STREET ADDRESS **113 LINKSIDE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Halcyon E. Skinner**
1.3 STREET ADDRESS **50 N. Laura St., Suite 3300**
1.4 CITY-ST-ZIP **Jacksonville, FL 32202**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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, with all other like empowered.

SIGNATURE: **Halcyon E. Skinner, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99

(904) 798-3200

CR2E034 (11/98)