

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90087 040 ***150.00

DOCUMENT # 602924

1. Corporation Name

COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL
ASSOCIATION

Principal Place of Business

2065 HERSCHEL ST
JACKSONVILLE FL 32204
US

Mailing Address

P.O. BOX 40089
JACKSONVILLE FL 32203
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-1351084

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

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

10. Name and Address of New Registered Agent

COLEMAN, PATRICK D.
2065 HERSCHEL STREET
JACKSONVILLE FL 32204

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BRICKER, JOANN M
2065 HERSCHEL STREET
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GROGAN, MICHAEL K.
2065 HERSCHEL ST
JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ANDREWS, WILLIAM H.
2065 HERSCHEL ST
JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COLEMAN, PATRICK
2065 HERSCHEL STREET
JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOLSHOUSER, ERIC
2065 HERSCHEL STREET
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

Treasurer
Michael K Grogan

Vice President
William H Andrews

President
Patrick D Coleman

Secretary
Eric J Holshouser

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)