

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 604132 (1)

1. Corporation Name

BULLOCK, CHILDS, PENDLEY & REED, PROFESSIONAL AS
SOCIATION



Principal Place of Business

Mailing Address

233 E BAY ST
711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

233 E BAY ST
711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

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

3. Date Incorporated or Qualified
02/01/1973

3a. Date of Last Report
01/23/1995

4. FEI Number

59-1445577

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

BULLOCK, BRUCE S.
233 E BAY ST
STE 711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
BULLOCK, BRUCE S.
STREET ADDRESS
10740 SCOTT MILL ROAD
CITY-STATE-ZIP
JACKSONVILLE FL

1.2 TITLE ☐ DELETE

NAME
CHILDS, W. DOUGLAS
STREET ADDRESS
8169 BLUE JAY LANE
CITY-STATE-ZIP
JACKSONVILLE FL

1.3 TITLE ☐ DELETE

NAME
PENDLEY, MICHAEL C.
STREET ADDRESS
3008 FOREST CIRCLE
CITY-STATE-ZIP
JACKSONVILLE FL

1.4 TITLE ☐ DELETE

NAME
REED, RONALD E.
STREET ADDRESS
12629 ATTRILL ROAD
CITY-STATE-ZIP
JACKSONVILLE FL

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-96 3540289

CR2E034 (12/95)