

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 09

DOCUMENT # **643532** (5)

1. Corporation Name

WILLIAMS, COX, WEIDNER & COX, P.A.

Principal Place of Business

**1713 MAHAN DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**1713 MAHAN DRIVE
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1979

3a. Date of Last Report
01/26/1994

4. FEI Number
59-1945170

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. 199.02,
Florida Statutes ☒ 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

**WILLIAMS, J. VERN
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308**

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. Thereby 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 of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE **PD**
NAME **WILLIAMS, J. VERN**
STREET ADDRESS **1713 MAHAN DRIVE**
CITY, ST, ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **D**
NAME **WATSON, H. JOE**
STREET ADDRESS **1713 MAHAN DRIVE**
CITY, ST, ZIP **TALLAHASSEE, FL 0**

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

TITLE **SD**
NAME **COX, L. THOMAS JR.**
STREET ADDRESS **1713 MAHAN DRIVE**
CITY, ST, ZIP **TALLAHASSEE FL**

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

TITLE **TD**
NAME **WEIDNER, RICHARD A.**
STREET ADDRESS **1713 MAHAN DRIVE**
CITY, ST, ZIP **TALLAHASSEE FL**

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

TITLE **D**
NAME **REED, SUMNER A.**
STREET ADDRESS **1713 MAHAN DRIVE**
CITY, ST, ZIP **TALLAHASSEE FL**

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

TITLE **D**
NAME **THOMAS, SARA**
STREET ADDRESS **1713 MAHAN DR.**
CITY, ST, ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(2)(b), 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 167, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

[Signature] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-95 904-878-8777