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

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **664921** **(4)**

1. Corporate Name

**THE 94TH OF JACKSONVILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4155 E LA PALMA AVE<br>SUITE 250<br>ANAHEIM CA 92807 | 4155 E LA PALMA AVE<br>SUITE 250<br>ANAHEIM CA 92807 |

(DO NOT WRITE IN THIS SPACE)

| | |
|---|---|
| 3. Date Incorporated / Qualified: **03/03/1980** | 3a. Date of Last Report: **05/01/1994** |
| 4. FEI Number: **95-3461153** | ☐ 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 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 25 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| 24 / 25 | 29 / 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PRENTICE-HALL CORPORATION SYSTEM, INC.<br>110 NORTH MAGNOLIA STREET<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: _____ (If Applicable, Signature of New Registered Agent) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | AS | 71 TITLE | ☐ Change ☐ Addition |
| 12 NAME | MCMAHON, JUDITH | 72 NAME | |
| 13 STREET ADDRESS | 4155 E LA PALMA AVE | 73 STREET ADDRESS | |
| 14 CITY ST ZIP | ANAHEIM CA | 74 CITY ST ZIP | |
| 21 TITLE | VD | 75 TITLE | ☐ Change ☐ Addition |
| 22 NAME | TALLICHET, CECILIA | 76 NAME | |
| 23 STREET ADDRESS | 4155 E LA PALMA AVE | 77 STREET ADDRESS | |
| 24 CITY ST ZIP | ANAHEIM CA | 78 CITY ST ZIP | |
| 31 TITLE | PD | 79 TITLE | ☐ Change ☐ Addition |
| 32 NAME | TALLICHET, DAVID C., JR. | 80 NAME | |
| 33 STREET ADDRESS | 4155 E LA PALMA AVE | 81 STREET ADDRESS | |
| 34 CITY ST ZIP | ANAHEIM CA | 82 CITY ST ZIP | |
| 41 TITLE | AT | 83 TITLE | ☐ Change ☐ Addition |
| 42 NAME | ROYSE, BOB D. | 84 NAME | |
| 43 STREET ADDRESS | 4155 E LA PALMA AVE | 85 STREET ADDRESS | |
| 44 CITY ST ZIP | ANAHEIM CA | 86 CITY ST ZIP | |
| 51 TITLE | ST | 87 TITLE | ☐ Change ☐ Addition |
| 52 NAME | TALLICHET, CECILIA | 88 NAME | |
| 53 STREET ADDRESS | 4155 E LA PALMA AVE | 89 STREET ADDRESS | |
| 54 CITY ST ZIP | ANAHEIM CA | 90 CITY ST ZIP | |
| 61 TITLE | | 91 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 92 NAME | |
| 63 STREET ADDRESS | | 93 STREET ADDRESS | |
| 64 CITY ST ZIP | | 94 CITY ST ZIP | |

14. I further certify that the information supplied with this report is 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 above, or on an attachment with an address.

**SIGNATURE:** Cecilia Tallichet V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cecilia Tallichet

Date (Optional)

0393218 CP