

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 664921 (4)

1. Corporation Name

THE 94TH OF JACKSONVILLE, INC.

Principal Place of Business

**4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807**

Mailing Address

**4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/03/1980

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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. 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 the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME **MCMAHON, JUDITH**
STREET ADDRESS **4155 E LA PALMA AVE**
CITY - ST - ZIP **ANAHEIM CA**

TITLE VD ☐ DELETE

NAME **TALLICHET, CECILIA**
STREET ADDRESS **4155 E LA PALMA AVE**
CITY - ST - ZIP **ANAHEIM CA**

TITLE PD ☐ DELETE

NAME **TALLICHET, DAVID C., JR.**
STREET ADDRESS **4155 E LA PALMA AVE**
CITY - ST - ZIP **ANAHEIM CA**

TITLE AT ☐ DELETE

NAME **ROYSE, BOB D.**
STREET ADDRESS **4155 E LA PALMA AVE**
CITY - ST - ZIP **ANAHEIM CA**

TITLE ST ☐ DELETE

NAME **TALLICHET, CECILIA**
STREET ADDRESS **4155 E LA PALMA AVE**
CITY - ST - ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - 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 - 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

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 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Bob Royse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 *(714) 529-3400*
DATE DAY/MONTH/YEAR TELEPHONE NUMBER

CR2E034 (12/95)