

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 666479 (1)

1. Corporation Name:

SWENSEN'S OF JACKSONVILLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:16

Principal Place of Business

9501 ARLINGTON EXPY
SPACE #159
JACKSONVILLE FL 32225
US

Mailing Address

3625 RIVER HALL DR
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1980

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2000442

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCIER, LEE F.
701 FISK STREET
SUITE 320
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 in printed name of registered agent and title if applicable)

DATE The printed date of signature required when registering

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MEISTER, WILLIAM K
STREET ADDRESS	3661 CATTAIL DRIVE SOUTH
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DV
NAME	MEISTER, ELIZABETH A
STREET ADDRESS	3625 RIVER HALL DRIVE
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	MEISTER, WILLIAM F
STREET ADDRESS	3625 RIVER HALL DRIVE
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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 119.17(2)(b), Florida Statutes. I further certify that the information included 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 this 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 of this report or in an attachment with an address.

SIGNATURE:

William F. Meister
WILLIAM F. MEISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

(904) 737-8404