

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686853

(3)

1. Corporation Name

TAB OF NORTHEAST FLORIDA, INC.

Principal Place of Business

**1019 ROSELLE STREET
JACKSONVILLE FL 32204**

Mailing Address

**1019 ROSELLE STREET
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/03/1980

3a. Date of Last Report
04/15/1994

4. FEI Number
59-2208268

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

2. Principal Place of Business

21 **5211 Fairmont St**

2a. Mailing Address

26 **5211 Fairmont St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Jacksonville Fl**

City & State

28 **Jacksonville Fl**

Zip
24 **32207-5029**

Country
25 **Duval**

Zip
29 **32207-5029**

Country
30 **Duval**

9. Name and Address of Current Registered Agent

**ASBURY, LLOYD T
214 N CLAY ST
SUITE 100
JACKSONVILLE FL 32202**

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 in printed name of registered agent and date if applicable

(If 301L Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
BOBECK, CLIFFORD JOHN
11686 SPARKLEBERRY LANE
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BOBECK, CANDICE E
11686 SPARKLEBERRY LANE
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**5211 Fairmont St
Jacksonville Fl 32207-5029**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**5211 Fairmont St
Jacksonville, Fl 32207-5029**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 110.07(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 addition.

SIGNATURE:

Candice E. Bobeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

904-398-3600

(Date)

(Telephone Number)