

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 728955

(6)

1. Corporation Name

BETHESDA, INC.

95 MAY -1 AM 8:59

Principal Place of Business
240 14TH AVE. S.
JACKSONVILLE BEACH FL 32250-6318

Mailing Address
240 14TH AVE. S.
JACKSONVILLE BEACH FL 32250-6318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7380515	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
HUNTER, FRANK
240 14TH AVE. S.
JACKSONVILLE BEACH FL 32250

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WYNN, J W
STREET ADDRESS	922 SEABREEZE AVE.
CITY - ST - ZIP	JACKSONVILLE BCH. FL
TITLE	VP
NAME	PATRICK, JAMES
STREET ADDRESS	4204 PIPER DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	OTD
NAME	CARTER, STANLEY W.
STREET ADDRESS	P.O. BOX 63 (NA)
CITY - ST - ZIP	DUNSMORE FL
TITLE	Juliette K. Dillin (Sec/TREAS)
NAME	1621 Berwick Rd
STREET ADDRESS	JACKSONVILLE FL 32207
CITY - ST - ZIP	
TITLE	ELAINE HUGGINS (V/D)
NAME	941 RUTH AVE
STREET ADDRESS	JACKSONVILLE BCH, FL 32250
CITY - ST - ZIP	
TITLE	
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	972 SEABREEZE AVE
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. W. Wynn
J. W. Wynn

5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #