FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755086** **(6)**

1. Corporation Name

CLUB 21 OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
C/O CALVIN B. REDDICK 124 S. MYRTLE AVENUE JACKSONVILLE FL 32204	C/O CALVIN B. REDDICK 124 S. MYRTLE AVENUE JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1980**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (25)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REDDICK, CALVIN B 1336 JOHNSON ST JACKSONVILLE FL 32209	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: (If changing Registered Agent, Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	REDDICK, CALVIN	12 NAME	
13 STREET ADDRESS	1336 JOHNSONST	13 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE,F L 00000	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	HENDON, PEGGYE L.	22 NAME	
23 STREET ADDRESS	1993 W. 5TH ST	23 STREET ADDRESS	
24 CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
31 TITLE	SD	31 TITLE	☐ Change ☐ Addition
32 NAME	SAUNDERS, ALBERT H.	32 NAME	
33 STREET ADDRESS	1484 W. 22ND ST.	33 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
41 TITLE	TD	41 TITLE	☐ Change ☐ Addition
42 NAME	MCPHERSON, WARREN T.	42 NAME	
43 STREET ADDRESS	336 KING ST.	43 STREET ADDRESS	
44 CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	SMALL, NATHANIEL	52 NAME	
53 STREET ADDRESS	104 KING ST.	53 STREET ADDRESS	
54 CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(i), 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: [signature] 4/27/95 (904) 353-8764

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001336