

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

**APPROVED
AND
FILED**

95 APR 18 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F01048 (0)
1. Corporation Name
COBB & COLE, P.A.

Principal Place of Business 150 MAGNOLIA AVENUE PO BOX 2491 DAYTONA BEACH FL 32114-2491 US	Mailing Address 150 MAGNOLIA AVENUE PO BOX 2491 DAYTONA BEACH FL 32114-2491 US
--	--

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1980	3a. Date of Last Report 03/25/1994
21		26		4. FEI Number 59-2027559	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, JOHN. J.	1.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VAS-	2.1 TITLE	T/V/AS/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, JAY D., JR.	2.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANEY, JONATHAN D., JR.	3.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VASD -	4.1 TITLE	VC/VP/AS/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANEY, LESTER J.	4.2 NAME	
STREET ADDRESS	150 MAGNOLIA AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	4.4 CITY - ST - ZIP	
TITLE	DC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SAMUEL P. W	5.2 NAME	
STREET ADDRESS	131 N. GADSDEN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	VASD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, KEVIN X	6.2 NAME	
STREET ADDRESS	131 N. GADSDEN ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	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)(b), 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 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* **4/13/95** (904) **255-8171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry D. Marsh, Vice President

F2048

1995 ANNUAL REPORT

COBB & COLE, P.A.

ITEM 12. LIST OF OFFICERS AND DIRECTORS CONT.

7.1 Title 7.2 Name 7.3 Street Address 7.4 City-St-Zip	VP/AS C. Allen Watts 150 Magnolia Avenue Daytona Beach, FL 32114
8.1 Title 8.2 Name 8.3 Street Address 8.4 City-St-Zip	VP/AS Thomas S. Hart 150 Magnolia Avenue Daytona Beach, FL 32114,
9.1 Title 9.2 Name 9.3 Street Address 9.4 City-St-Zip	VP/AS Kenneth R. Artin 150 Magnolia Avenue Daytona Beach, FL 32114
10.1 Title 10.2 Name 10.3 Street Address 10.4 City-St-Zip	VP/AS Dennis K. Bayer 150 Magnolia Avenue Daytona Beach, FL 32114
11.1 Title 11.2 Name 11.3 Street Address 11.4 City-St-Zip	VP/AS Scott W. Cichon 150 Magnolia Avenue Daytona Beach, FL 32114
12.1 Title 12.2 Name 12.3 Street Address 12.4 City-St-Zip	VP/AS Janet E. Martinez 150 Magnolia Avenue Daytona Beach, FL 32114
13.1 Title 13.2 Name 13.3 Street Address 13.4 City-St-Zip	VP/AS Robert A. Merrell, III 150 Magnolia Avenue Daytona Beach, FL 32114
14.1 Title 14.2 Name 14.3 Street Address 14.4 City-St-Zip	VP/AS Gregory D. Snell 150 Magnolia Avenue Daytona Beach, FL 32114
15.1 Title 15.2 Name 15.3 Street Address 15.4 City-St-Zip	VP/AS Terrence M. White 150 Magnolia Avenue Daytona Beach, FL 32114
16.1 Title 16.2 Name 16.3 Street Address 16.4 City-St-Zip	VP/AS James M. Barclay 131 N. Gadsden Street Tallahassee, FL 32301

F01048

17.1 Title 17.2 Name 17.3 Street Address 17.4 City-St-Zip	VP/AS Larry D. Marsh 150 Magnolia Avenue Daytona Beach, FL 32114
18.1 Title 18.2 Name 18.3 Street Address 18.4 City-St-Zip	VP/AS Theodore E. Mack 131 N. Gadsden Street Tallahassee, FL 32301
19.1 Title 19.2 Name 19.3 Street Address 19.4 City-St-Zip	VP/AS Miguel A. Olivella, Jr. 131 N. Gadsden Street Tallahassee, FL 32301
20.1 Title 20.2 Name 20.3 Street Address 20.4 City-St-Zip	VP/AS J. Joaquin Fraxedas 900 Winderley Place Maitland, FL 32794