FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:13

DOCUMENT # **F32352** **(9)**

1. Corporation Name
WILLIAM A. ALLBRITTEN, INC.

Principal Place of Business	Mailing Address
7341 TRAILS END C/O WILLIAM A ALLBRITTEN JACKSONVILLE FL 32211	7341 TRAILS END C/O WILLIAM A ALLBRITTEN JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1981
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 7341 TRAILS END
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL
24 Zip: 32277
25 Country: USA

2a. Mailing Address
26 7341 TRAILS END
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE, FL
29 Zip: 32277
30 Country: USA

4. FEI Number: 59-2103082 ☐ 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

9. Name and Address of Current Registered Agent

ALLBRITTEN, WILLIAM A
7341 TRAILS END
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: ALLBRITTEN, GWENDOLYN M.
82 Street Address (P.O. Box Number is Not Acceptable): 7341 TRAILS END
83
84 City: JACKSONVILLE FL 85 Zip Code: 32277

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: GWENDOLYN M. ALLBRITTEN X Gwendolyn M. Allbritten 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	P/V/S/T/D ☒ Change ☐ Addition
NAME	ALLBRITTEN, GWENDOLYN M	1.2 NAME	ALLBRITTEN, GWENDOLYN M.
STREET ADDRESS	7341 TRAILS END	1.3 STREET ADDRESS	7341 TRAILS END
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	PTD	2.1 TITLE	☒ Change ☐ Addition
NAME	ALLBRITTEN, WILLIAM A	2.2 NAME	
STREET ADDRESS	7341 TRAILS END	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Gwendolyn M. Allbritten 3/16/95 (904) 744-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406200 FP