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 22 PM 3:58

DOCUMENT # **F46163** **(4)**

1. Corporation Name
THE AUCHTER COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1021 OAK STREET PO BOX 1193 JACKSONVILLE FL 32201	1021 OAK STREET PO BOX 1193 JACKSONVILLE FL 32201

3. Date Incorporated or Qualified: 09/25/1981
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2134280 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired XX **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

GLASS, W.H. JR.
1021 OAK ST
JACKSONVILLE FL 32204

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~STARNES, S. L. JR.~~	1.2 NAME		
STREET ADDRESS	~~1021 OAK ST~~	1.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE	V/D	☐ Change XX Addition
NAME	LEMEN, JUANITA W	2.2 NAME	GLASS, STEVEN B	
STREET ADDRESS	1021 OAK STR	2.3 STREET ADDRESS	1021 OAK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, THOMAS G	3.2 NAME		
STREET ADDRESS	1021 OAK STR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	GLASS, W. H., JR.	4.2 NAME		
STREET ADDRESS	1021 OAK STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, P. G., JR.	5.2 NAME		
STREET ADDRESS	1021 OAK STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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: W. H. Glass, Jr. W. H. Glass, Jr. - President 3/17/95 904/355-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022107 CP