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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:51

DOCUMENT # **F64004** (7)

1. Corporation Name
ALBRITTON, INC.

Principal Place of Business

3414 MAIN ST
JACKSONVILLE FL 32206

Mailing Address

3414 MAIN ST
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1982** 3a. Date of Last Report **08/12/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ **\$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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALBRITTON, JOHN F., III
3809 MEEK DRIVE
JACKSONVILLE FL 32211**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ALBRITTON, DELMA GAIL

STREET ADDRESS

3809 MEEK DR

CITY - ST - ZIP

JACKSONVILLE, FL 00000

TITLE

PD

NAME

ALBRITTON, JOHN F III

STREET ADDRESS

3809 MEEK DR

CITY - ST - ZIP

JACKSONVILLE, FL 00000

TITLE

D

NAME

ALBRITTON, ANDREW DAVID

STREET ADDRESS

5700 HECKSHER DR

CITY - ST - ZIP

JACKSONVILLE, FL 00000

TITLE

NAME

STREET ADDRESS

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

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 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 as an attachment with a notice.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

John F. Albritton III

2/10/95 904-352-2344