

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68614

FILED
Jan 04, 2010
Secretary of State

Entity Name: PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

245 RIVERSIDE AVE
STE 400
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
STE 400
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2160992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, M. LYNN
245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 322024327 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: METCALF, JOHN G
Address: 245 RIVERSIDE AVE, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VSD
Name: JENKS, THOMAS M
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD
Name: MILLER, FRANK E
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD
Name: COTTRILL, G. TODD
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD
Name: WHITTINGTON, KATHRYN F
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD
Name: TJOFLAT, MARCIA PARKER
Address: 245 RIVERSIDE AVE. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. LYNN PAPPAS

VD

01/04/2010

Electronic Signature of Signing Officer or Director

Date

ADD:

F68614
1-4-10

JENKS, THOMAS M
245 RIVERSIDE AVE. SUITE 400
JACKSONVILLE FL 32202

Title VD

MILLER, FRANK E
245 RIVERSIDE AVE. SUITE 400
JACKSONVILLE FL 32202

Title VD

COTTRILL, G. TODD
245 RIVERSIDE AVE. SUITE 400
JACKSONVILLE FL 32202

Title VD

WHITTINGTON, KATHRYN F
245 RIVERSIDE AVE. SUITE 400
JACKSONVILLE FL 32202

Title VD

TJOFLAT, MARCIA PARKER
245 RIVERSIDE AVE. SUITE 400
JACKSONVILLE FL 32202

VD PAPPAS, M. LYNN
245 RIVERSIDE AVE, SUITE 400
JACKSONVILLE, FL 32202

VD CUMMINGS, SPENCER N.
245 RIVERSIDE AVE, SUITE 400
JACKSONVILLE, FL 32202

VD LI, W. WILLIAM
245 RIVERSIDE AVE, SUITE 400
JACKSONVILLE, FL 32202

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Report Year Filed Date

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2009 04/16/2009

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2013