

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F76195** (9)
1. Corporation Name
HOLLOWAY & ASSOCIATES, INC. OF JACKSONVILLE



Principal Place of Business

Mailing Address

**A1A AND AVERY RD
FERNANDINA BCH FL 32034
US**

**PO BOX 6160
FERNANDINA BCH FL 32035-6160
US**

2. Principal Place of Business

2a. Mailing Address

21 **1417 Avery Road**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Fernandina BCH., FL

24 Zip

25 Country

29 Zip

30 Country

32034

US

32035-6160

US

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/13/1982

05/16/1995

4. FEI Number

Applied For

59-2196349

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

10. Name and Address of New Registered Agent

**CAVEN, JOHN W.
3306 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

81 Name

F & L Corp

82 Street Address (P.O. Box Number is Not Acceptable)

200 Laura Street

83

84 City

Jacksonville

FL

85 Zip Code

32202

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 607.050, Florida Statutes.

SIGNATURE

Charles V. Hedrick

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 ☐ DELETE

NAME **PTS**
STREET ADDRESS **HOLLOWAY, FRANKLIN**
CITY-ST-ZIP **1826 HIGHLAND DR**
FERNANDINA BCH., FL.

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **TUCKER, EUGENE R.**
CITY-ST-ZIP **11787 JOCELYN ROAD**
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

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)(k), 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, 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:

Eugene R. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE R. TUCKER J.D.

2/29/96

904-261-8498

Date

Daytime Phone #

CR2E034 (12/95)