

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 APR -6 AM 9:38**

DOCUMENT # F93000002461 (2)

1. Corporation Name

PALMER & CAY/CARSWELL OF GEORGIA, INC.

Principal Place of Business

**P. O. BOX 847
SAVANNAH GA 31402-0847
US**

Mailing Address

**P. O. BOX 847
SAVANNAH GA 31402-0847
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1993

3a. Date of Last Report

03/22/1994

4. FEI Number

58-1945349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CARLSON, CARL G
1650 PRUDENTIAL DR., SUITE 304
JACKSONVILLE FL 32207-8150**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

CAY, JOHN E III

25 BULL STREET

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPTD

ODEN, LEWIS H III

25 BULL STREET

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

CROWLEY, F. MICHAEL

25 BULL STREET

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ALDRICH, STEVEN T

25 BULL STREET

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

VETTER, N. CHARMA

25 BULL STREET

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

**See attached for additional
Officers and Directors.**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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, whichever is applicable, as an attachment with an affidavit.

SIGNATURE:

N. Chermil Vetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95
DATE

912/234-6621
TELEPHONE NUMBER

