

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:58

DOCUMENT # F94000001300 (2)

1. Corporation Name

J.R. COLE & ASSOCIATES, INC.

Principal Place of Business

13002 LOBLOLLY LANE
JACKSONVILLE FL 32246

Mailing Address

13002 LOBLOLLY LANE
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

4. FEI Number

16-1448992

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10653 QUAIL RIDGE DR

26 10653 QUAIL RIDGE DR

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 ST AUGUSTINE FL

28 ST AUGUSTINE FL

Zip Country

Zip Country

24 32095 25 ST JOHNS

29 32095 30 ST JOHNS

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THURSTON, JANET H
1723 BLANDING BLVD., STE. 102
JACKSONVILLE FL 32210

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

By _____, Registered Agent, and _____, Secretary of State

By _____, Registered Agent, and _____, Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
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4. TITLE
5. NAME
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9. NAME
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12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I, _____, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information included on this annual report or biennial 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 registered agent designated to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James Robert Cole
JAMES ROBERT COLE
PRINTED OR TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1-10-95

904-809-6612