

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morahan

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000005111 (8)

1. Corporation Name

CSX PROFESSIONAL SERVICES GROUP, INC.



Principal Place of Business

Mailing Address

500 WATER STREET, S/C J-160
JACKSONVILLE FL 32202

500 WATER STREET, S/C J-160
JACKSONVILLE FL 32202

2. Principal Place of Business

21 550 Water Street

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, FL

28

24 Zip 32202

25 Country USA

29 Zip

30 Country

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

4. FEI Number

59-3307394

Applied For

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 See note below

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
NOTE: This company is included in a con-
82 Street Address (P.O. Box Number is Not Acceptable)
solidated intangible personal property tax
83 return filed on behalf of CSX Corporation
84 City and consolidated affiliates, FL FEIN 62-1051971

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 of Registered Agent (if registered agent is not applicable)

Signature of Agent (if signature is not acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
ANDREWS, J F
500 WATER STREET
JACKSONVILLE FL 32202

☐ DELETE

TV
LARIZZA, R D
500 WATER STREET
JACKSONVILLE FL 32202

☐ DELETE

VS
AFTOORA, P J
500 WATER STREET
JACKSONVILLE FL 32202

☐ DELETE

T
PAGE, M E
500 WATER STREET
JACKSONVILLE FL 32202

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DV ☐ Change ☒ Addition

12 NAME Dykstra, M. P.
13 STREET ADDRESS 550 Water Street
14 CITY-STATE-ZIP Jacksonville, FL 32202

2. TITLE V ☐ Change ☒ Addition

22 NAME Blumenfeld, A. P.
23 STREET ADDRESS 550 Water Street
24 CITY-STATE-ZIP Jacksonville, FL 32202

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 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 on an attachment with an address.

SIGNATURE:

Patricia J. Aftora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. Aftora, Vice-President

February 12, 1996 (904) 366-4242

CR2E034 (12/95)