

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. WATKINS
Secretary of State
1995 JAN 17 AM 11:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # G00598

(4)

95 JAN 17 AM 11:27

R.E. WILSON, JR. P.A. CPA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/20/1982	3a. Date of Last Report 01/19/1994
4. FEI Number 59-2213467	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. 198.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Office Address 6316 SAN JUAN AVE., SUITE 15 A JACKSONVILLE FL 32210	2a. Mailing Address 6316 SAN JUAN AVE., SUITE 15 A JACKSONVILLE FL 32210
21. State of Incorporation FL	26. State of Mailing Address FL
22. State of Principal Office FL	27. State of Mailing Address FL
23. City & State JACKSONVILLE FL	28. City & State JACKSONVILLE FL
24. Country USA	29. Country USA
25. Zip Code 32210	30. Zip Code 32210

9. Name and Address of Current Registered Agent WILSON, R.E., JR. 6316 SAN JUAN AVE., SUITE 15A JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City & State			
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 605.0402 and 605.0403, 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 605.0402 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD WILSON, R E JR 6316 SAN JUAN AVE. #15A JACKSONVILLE FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
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CITY & STATE		CITY & STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP CODE		ZIP CODE	

14. I hereby certify that the above information is true and correct. I am the duly authorized officer or director of the corporation and I am authorized to execute this statement. I am familiar with and accept the obligations of Section 605.0402 Florida Statutes.

SIGNATURE: R.E. Wilson, Jr. R.E. WILSON, JR. 1-9-95