

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 16 AM 10:32

DOCUMENT # G40032 (6)

**1. Corporation Name
BLOCK 52, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/18/1983	3a. Date of Last Report 06/15/1994
4. FEI Number 59-2294372	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DALE, HOWARD
135 W BAY ST STE 200
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SERKIN, HOWARD C	1.2 NAME	
STREET ADDRESS	717 SPINNAKERS REACH RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ZECHHELLA, ALEXANDER P	2.2 NAME	
STREET ADDRESS	P.O. BOX 1589, NA	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JAMES D.	3.2 NAME	
STREET ADDRESS	4250 ORTEGA BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	VANLANDINGHAM, RAY M	4.2 NAME	
STREET ADDRESS	4887 WATER OAK LANE	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	HIXON, JOSEPH M III	5.2 NAME	
STREET ADDRESS	2915 INDEPENDENT SQUARE	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

HOWARD C. SERKIN

Date

Daytime Phone #

1-17-95 (904) 739-2287