

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G40032** (6)
1. Corporation Name
BLOCK 52, INC.



Principal Place of Business

Mailing Address

C/O HOWARD C. SERKIN
~~712 SPINNAKERS REACH~~
PONTE VEDRA FL 32082

C/O HOWARD C. SERKIN
~~712 SPINNAKERS REACH~~
PONTE VEDRA FL 32082

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **712**

26 Suite, Apt. #, etc.
27 **712**

23 City & State

28 City & State

24 Zip Country
25

29 Zip Country
30

3. Date Incorporated or Qualified
05/18/1983

3a. Date of Last Report
03/16/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALE, HOWARD
~~185 W BAY ST STE 200~~
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

SUITE 1100

83 **200 WEST FORSYTH ST.**

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 or director) (Required)

(Name of Registered Agent is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P SERKIN, HOWARD C**
STREET ADDRESS ~~712 SPINNAKERS REACH RD~~
CITY-STATE-ZIP **PONTE VEDRA BCH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **712 SPINNAKERS REACH**
1.4 CITY-STATE-ZIP **PONTE VEDRA BCH, FL. 32082**

TITLE ☐ DELETE
NAME **V ZECHILLA, ALEXANDER P**
STREET ADDRESS **P.O. BOX 1589,NA**
CITY-STATE-ZIP **PONTE VEDRA BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **S FRANCIS, JAMES D.**
STREET ADDRESS **4250 ORTEGA BLVD.**
CITY-STATE-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **T VANLANDINGHAM, RAY M**
STREET ADDRESS **4887 WATER OAK LANE**
CITY-STATE-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **AS HIXON, JOSEPH M III**
STREET ADDRESS **2915 INDEPENDENT SQUARE**
CITY-STATE-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD C. SERKIN

4-15-96

(904) 285-5241

Date

Telephone

CR2E034 (12/95)