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**APPROVED
AND
FILED**

95 MAY #1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **H00978** (7)
 1. Corporation Name
JAMES F. TULLIS & ASSOCIATES, INC.

Principal Place of Business Mailing Address
% JOSEPH M. GLUCKSTEIN, JR.
444 THIRD STREET
NEPTUNE BCH. FL 32206
% JOSEPH M. GLUCKSTEIN, JR.
444 THIRD STREET
NEPTUNE BCH. FL 32206

DO NOT WRITE IN THIS SPACE.

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26	Country	Zip
27	Country	Zip
28	Country	Zip
29	Country	Zip
30	Country	Zip

3a. Date of Last Report	05/01/1994
3b. Date Incorporated or Qualified	04/27/1984
4. FEI Number	59-2402451
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GLUCKSTEIN, JOSEPH M., JR.
444 THIRD STREET
NEPTUNE BCH. FL 32233

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TULLIS, JAMES F.
STREET ADDRESS	1665 SAN MARCO BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DST
NAME	BEST, L.A., JR.
STREET ADDRESS	1665 SAN MARCO BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP
NAME	HAMILTON, BEVERLY A.
STREET ADDRESS	1665 SAN MARCO BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP
NAME	GOODMAN, SAMMIE L.
STREET ADDRESS	1665 SAN MARCO BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if elected, or on an attachment with an address.

SIGNATURE:  **L.A. BEST, JR.**
 SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR
 4/28/95 904 3962041
DATE Telephone Number