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**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** 1. Corporation Name

MAHON MAHON & HEALEY D'A

MAION	i, MAIION G	HEALET, F.A	•					 		III <b>e</b> iči	
Principal Pla	ce of Business	Mailing A	Mailing Address								
1120 BLACKS 233 EAST BAY JACKSONVILLI US	Tone Bldg. Y street	1120 BLAC 233 EAST	1120 Blackstone Bldg. 233 East Bay Street Jacksonville Fl 32202				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
2. Principal	Place of Business	2a Mailin	2a. Mailing Address			<del></del>	07/01/1984 4. FEI Number				
21			<u> </u>	26				•	Applied For		
Suite, Apt	t. #, etc.	<del>   </del>	Suite, Apt. #, etc.				59-2417194	<u> </u>		pplicable	
22 City & Sta		27					5. Certifcate of Status Desired		5 Addi Requir		
23		28	28				6. Election Campaign Financing Trust Fund Contribution		00 Ma		
Zip	<del></del> 1	Country	Zip		_	ıntry	′	8. This corporation owes the current year Inta	ngible		
24	25		[29]		30			Personal Property Tax.	☐ Yes		No
9. Name and Address of Current Registered Agent						ļ.,	T	10. Name and Address of New Registered A	gent		
MAHON, MARK H.						81					
233 E. BAY STREET, SUITE 1120						82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE, FL 32202						83	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J Et 1	1.94 x 5
						84	0.0		1 2 2		
						1	City	FI.	11	ip 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			- 11								
							it signature requi				
TITLE	OF RELIGIOUS							ADDITIONS/CHANGES TO OFFICERS AND	_		
NAME	D □ DELETE   MAHON, MARK H.					LE ME	.	The state of the s	☐ Chang	ie [	Addition
STREET ADDRESS	· ·						ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL					Y-ST					
TITLE	D			DELETE	2.1 TIT		-ZIF		Chang	e F	Addition
NAME	HEALEY, RUSSELL L.					ME	Ì				
STREET ADDRESS						REET	ADDRESS				į
CITY-ST-ZIP	JACKSONVILLE FL					2.4 CITY-ST-ZIP				•	
TITLE			*•	DELETE	3.1 TIT				Change	e F	Addition
NAME					3.2 NA	ΜE					<u> </u>
STREET ADDRESS			•		3.3 STF	REET.	ADDRESS				
CITY-ST-ZIP					3.4. CIT	Y-ST	r-ZIP			· 经货币	
TITLE			•	DELETE	4.1 TIT	E		10.4 (1.4)	Change	e .	Addition
NAME ,			, <del>.</del>		4. 2 NA	ME					
STREET ADDRESS					4 2 CTE		ADDDECC				l l

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Mark H. Mahon NG OFFICER OR DIRECTOR

☐ DELETE

DELETE

01/13/99

(904) 354-3526

☐ Change

☐ Addition

Addition