

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morman Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 29 PM 6:44

DOCUMENT # H46200 (2)

1. Corporation Name

ASSOCIATES OF JACKSONVILLE, INCORPORATED

Principal Place of Business

**1 MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216**

Mailing Address

**1 MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1985

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2867534

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 1928 Purdy Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33139

29 30

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD
SUITE 100 NATIONAL FINANCIAL BLDG
JACKSONVILLE FL 32216**

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

Signature, typed or printed name of registered agent and the corporation

(If 301E Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DPST
NAME CAMPA, J PAUL
STREET ADDRESS 1928 PURDY AVE
CITY- ST- ZIP MIAMI BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP**

☐ Change

☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP**

☐ Change

☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**

☐ Change

☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**

☐ Change

☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP**

☐ Change

☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP**

☐ Change

☐ Addition

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)(b), 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, as an attachment with an address.

SIGNATURE:

J. Paul Campa

3/11/95 (904) 390-3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number