

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H58642** (0)

1. Corporation Name

HUMPHRIES & OBERDIER, P.A.



Principal Place of Business

**801 BLACKSTONE BUILDING
233 EAST BAY STREET
JACKSONVILLE FL 32202**

Mailing Address

**801 BLACKSTONE BUILDING
233 EAST BAY STREET
JACKSONVILLE FL 32202**

2. Principal Place of Business

2a. Mailing Address

21 **9550 Regency Square Blvd.**

26 **9550 Regency Square Blvd.**

22 Suite, Apt. #, etc.
Suite 609

27 Suite, Apt. #, etc.
Suite 609

23 City & State
Jacksonville, FL

28 City & State
Jacksonville, FL

24 Zip Country
32225-8170 Duval

29 Zip Country
32225-8170 Duval

9. Name and Address of Current Registered Agent

**HUMPHRIES, HOMER H.
801 BLACKSTONE BUILDING
233 EAST BAY STREET
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified

05/24/1985

3a. Date of Last Report

04/03/1995

4. FEI Number

59-2537700

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

10. Name and Address of New Registered Agent

81 Name

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

83 **9550 Regency Square Blvd, Suite 609**

84 City
Jacksonville, FL

85 Zip Code
FL 32225-8170

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

(If Officer) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HUMPHRIES, HOMER H., JR.**
STREET ADDRESS **233 E BAY ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☒ DELETE
NAME **KELLOGG, PETER J**
STREET ADDRESS **233 E BAY ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **OBERDIER, RONALD R.**
STREET ADDRESS **233 E BAY ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **9550 Regency Square Blvd, Suite 609**
14 CITY-ST-ZIP **Jacksonville, FL 32225-8170**

15 TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS **9550 Regency Square Blvd, Suite 609**
34 CITY-ST-ZIP **Jacksonville, FL 32225-8170**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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

3-11-96 904-721-4161

CR2E034 (12/95)