

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H58642

(0)

1. Corporation Name

HUMPHRIES & OBERDIER, P.A.



Principal Place of Business

9550 REGENCY SQUARE BLVD.
SUITE 609
JACKSONVILLE FL 32225-8170
US

Mailing Address

9550 REGENCY SQUARE BLVD.
SUITE 609
JACKSONVILLE FL 32225-8170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HUMPHRIES, HOMER H.
801 BLACKSTONE BUILDING
9550 REGENCY SQUARE BLVD, SUITE 609
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

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

9550 Regency Square Blvd

83 Suite 609

delete Blackstone Bldg.

84 City

Jacksonville

FL

85 Zip Code

32225

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HUMPHRIES, HOMER H., JR.
STREET ADDRESS 9550 REGENCY SQUARE BLVD, SUITE 609
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

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

☒ DELETE

TITLE VD
NAME OBERDIER, RONALD R.
STREET ADDRESS 9550 REGENCY SQUARE BLVD, SUITE 609
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS Blvd
1.4 CITY-ST-ZIP 32225

☒ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE STVD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32225

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE: HOMER H. HUMPHRIES, JR., PRES. 414 AX and 721-4161

CR2E034 (10/97)