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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H93901** **(7)**

1. Corporation Name

T. WILLIAM GLOCKER, P.A.

Principal Place of Business	Mailing Address
3615 LEEWOOD LANE JACKSONVILLE FL 32217 US	3615 LEEWOOD LANE JACKSONVILLE FL 32217 US

3. Date Incorporated or Qualified: **01/14/1986**
3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-2628557** ☐ 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	2a. Mailing Address
21 ONE INDEPENDENT DR.	26 ONE INDEPENDENT DR
Suite, Apt. #, etc. 22 SUITE 3000	Suite, Apt. #, etc. 27 SUITE 3000
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32202 Country 25 US	Zip 29 32202 Country 30 US

9. Name and Address of Current Registered Agent

GLOCKER, T. WILLIAM
3615 LEEWOOD LANE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: GLOCKER, T. WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DRIVE
83 SUITE 3000
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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 changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS GLOCKER, T. WILLIAM 3615 LEEWOOD LANE JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PS GLOCKER, T. WILLIAM ONE INDEPENDENT DR., SUITE 3000 JACKSONVILLE, FL. 32202	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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)(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 in an attachment with an address.

SIGNATURE: _____ 3/27/96 (904) 354-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)