

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:51

DOCUMENT # J06068 (7)

1. Corporation Name

RUSS MCELROY ASSOCIATES, INC.

Principal Place of Business

7711 HOMEWOOD DRIVE
P O BOX 37446
JACKSONVILLE FL 32236

Mailing Address

7711 HOMEWOOD DRIVE
P O BOX 37446
JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 1623 LOUVRE DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 37446
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/26/1986

3a. Date of Last Report

02/09/1994

4. FBI Number

59-2890307

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

9. Name and Address of Current Registered Agent

MCELROY, RUSSELL PD
1623 LOUVRE DR.,
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, Title or Printed Name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCELROY, RUSSELL	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1623 LOUVRE DR.,	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MCELROY, NOREEN	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1623 LOUVRE DR.,	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the incorporator or that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or as an incorporator with no change.

SIGNATURE:

Russell Mcelroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL ON DIRECTOR

26-95

78-0384