

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 # J30576

(9)

1. Corporation Name

CONSOLIDATED AGENCIES, INC.



Principal Place of Business

630 BLACKSTONE BLDG.  
JACKSONVILLE FL 32202

Mailing Address

630 BLACKSTONE BLDG.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

08/25/1986

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2712372

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBISON, MARY A  
1 INDEPENDENT DR  
STE 2600  
JACKSONVILLE FL 32202

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCV ☐ DELETE  
NAME ROE, JOSEPH L.  
STREET ADDRESS 14651 DALLAS PARKWAY  
CITY-ST-ZIP DALLAS TX

TITLE DST ☐ DELETE  
NAME SAUNDERS, MICHAEL P.  
STREET ADDRESS 4185 VENETIA BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE  
NAME SMITH, JAMES L.  
STREET ADDRESS 3020 S WOFFORD STREET  
CITY-ST-ZIP DEL CITY OK

TITLE DV ☐ DELETE  
NAME ROTH, BRUCE A  
STREET ADDRESS 1400 LAKE HEARN DR #204  
CITY-ST-ZIP ATLANTA GA

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

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 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

Michael P. Saunders

4/18/96

904 358-3856

CR2E034 (12/95)