

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 # J32962 (9)

1. Corporation Name

JACKSONVILLE DOCKING MASTERS ASSOCIATION, INC.



Principal Place of Business

% MASON L. FLINT
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207

Mailing Address

% MASON L. FLINT
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLINT, MASON L.
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

09/08/1986

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2726967

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

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 on this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FLINT, MASON L.
1605 BROOKSIDE CIR E
JACKSONVILLE FL

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FLINT, KARIN E.
1605 BROOKSIDE CIR E
JACKSONVILLE FL

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FLINT, MARIN D
5201 ATLANTIC BLVD, #43
JACKSONVILLE FL

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FLINT, DERIK M
1605 BROOKSIDE CIRCLE, E
JACKSONVILLE FL

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1 TITLE
2 NAME
3 STREET ADDRESS
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)(k), Florida Statutes. I further certify that the information indicated in 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 included, or as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASON L. FLINT 4/1/96

904-396-2681

CR2E034 (12/95)