

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J36042 (6)

1. Corporation Name

IMEX OF JACKSONVILLE, INC.



Principal Place of Business

8186 BAYMEADOWS WAY W
JACKSONVILLE FL 32256

Mailing Address

8186 BAYMEADOWS WAY W
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
10/04/1986

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2747270

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

10. Name and Address of New Registered Agent

SANFILIPPO, ANDREW P.
11135 CHESTER LAKE RD. E.
JACKSONVILLE FL 32256

81 Name

Brant, Moore, Saff, MacDonald & Wells

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

501 N. Laura Street

83 Suite

Suite 3100

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Scott L. Gleaser
Signature, typed or printed name of registered agent and title if applicable.

Its U.A., Scott L. Gleaser

2/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME SANFILIPPO, ANDREW P.
STREET ADDRESS 11135 CHESTER LAKE RD. E.
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE S
NAME DAVIS, JOAN M
STREET ADDRESS 8639 BRIERWOOD RD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE V
NAME SANFILIPPO, JOHN
STREET ADDRESS 10257 SECRET HARBOR CT.
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

Joan M. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

(904) 730-3412

Daytime Phone #

CR2E034 (12/95)