

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L42948**

(4)

1. Corporation Name

W. J. COLLINS & ASSOCIATES, INC.

95 JAN 20 PM 1:24

Principal Place of Business

129 NANDINA CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

129 NANDINA CIRCLE
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

06/06/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

59-2980913

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23. City & State

28. City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SANDS, J. KEITH M.
1506 PRUDENTIAL DR.
JACKSONVILLE FL 32207

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 the if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
COLLINS, WILLIAM J.
129 NANDINA CIR
PONTE VEDRA BCH FL 32082

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
COLLINS, BRENDA
129 NANDINA CIR
PONTE VEDRA BCH FL 32082

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST
LEE, LISA
4715 MARSH HAMMOCK DRIVE W
JACKSONVILLE FL 32223

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☒ Addition

DV
LEE, NICHOLAS D.E.
4715 MARSH HAMMOCK DRIVE W
JACKSONVILLE FLA 32223

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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:

W. J. Collins President
WILLIAM J. COLLINS

Jan 12, 1995

704-285-5747