

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:33

DOCUMENT # J48289 (9)

1. Corporation Name

COLE, STONE, & STOUDEMIRE, P.A.

Principal Place of Business

% ROBERT A. COLE
76 SO LAURA STREET 1700 AMERICAN HERITAGE
JACKSONVILLE FL 32202

Mailing Address

% ROBERT A. COLE
76 SO LAURA STREET 1700 AMERICAN HERITAGE
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2748399

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COLE, ROBERT A.
76 SOUTH LAURA STREET, Suite 1700
~~1700 AMERICAN HERITAGE BLDG.~~
JACKSONVILLE FL 32202

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 when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	STONE, WILLIAM T.
STREET ADDRESS	76 SO LAURA STREET, Suite 1700
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DST
NAME	COLE, ROBERT A.
STREET ADDRESS	76 SO LAURA STREET, Suite 1700
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DP
NAME	STOUDEMIRE, RICHARD M.
STREET ADDRESS	76 SO LAURA STREET, Suite 1700
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DS	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	DP	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	DT	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	V	☐ Change ☒ Addition
42 NAME	Mary N. Morgan	
43 STREET ADDRESS	76 S. Laura Street, Suite 1700	
44 CITY, ST, ZIP	Jacksonville, FL 32202	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 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)(b), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Cole 3/12/95

904-353-9664