

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 # **J51148** (1)
1. Corporation Name
CORBEL & CO.



Principal Place of Business
**P. O. BOX 47470
JACKSONVILLE FL 32247**

Mailing Address
**P. O. BOX 47470
JACKSONVILLE FL 32247**

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

3. Date Incorporated or Qualified

01/09/1986

3a. Date of Last Report

05/01/1995

4. FET Number

59-2503866

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

**VERRE, DAVID
1660 PRUDENTIAL DR
JACKSONVILLE FL 32207**

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 607.1505, 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: If Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCPHERSON, R. D	
STREET ADDRESS	128 S. TRYON STREET	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PROUTY, CYNTHIA L	
STREET ADDRESS	1660 PRUDENTIAL DR	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES E	
STREET ADDRESS	1660 PRUDENTIAL DR	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MACKANOS, DONALD	
STREET ADDRESS	1660 PRUDENTIAL DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JIM	
STREET ADDRESS	128 S. TRYON STREET	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	David D. Phillips	
3. STREET ADDRESS	1660 Prudential Drive	
4. CITY- ST- ZIP	Jacksonville, FL 32207	
5. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	David Verre	
7. STREET ADDRESS	1660 Prudential Drive	
8. CITY- ST- ZIP	Jacksonville, FL 32207	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		

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-03/27/96--01048--021
***200.00**

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)(f), 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:

D. Verre

David Verre, Controller 3/21/96 (904)399-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)