

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J51897

1. Entity Name
DALE, BALD, SHOWALTER & MERCIER, P.A.



Principal Place of Business

DALE, BALD, SHOWALTER & MERCIER, PA
200 W. FORSYTH ST, STE 1100
JACKSONVILLE, FL 32202 US

Mailing Address

DALE, BALD, SHOWALTER & MERCIER, PA
200 W. FORSYTH ST, STE 1100
JACKSONVILLE, FL 32202-4308 US



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2756350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202-4308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DALE, HOWARD L.
STREET ADDRESS 1117 PALMER TERRACE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE DST
NAME BALD, WILLIAM A.
STREET ADDRESS 1157 JAMAICA ROAD WEST
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DAS
NAME SHOWALTER, RUSSELL H JR
STREET ADDRESS 32 SARAGOSSA ST
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE AS
NAME CANDETO, MICHAEL A
STREET ADDRESS 10135 GATE PARKWAY N #1512
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DV
NAME MERCIER, LEE F.
STREET ADDRESS 1958 LARGO PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE AS
NAME SAIEG, JULIE A
STREET ADDRESS 1410 MONTICELLO ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207

U00000207719
02/01/05-80055-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard L. Dale HOWARD L. DALE

JAN 28, 2005

904-
355-1155