

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:01

DOCUMENT # J56459 (7)

1. Corporation Name

MECKS, ROSS PAULK & ASSOCIATES, P.A.

Principal Place of Business

7400 BAYMEADOWS WAY
SUITE 320
JACKSONVILLE FL 32256-6843

Mailing Address

7400 BAYMEADOWS WAY
SUITE 320
JACKSONVILLE FL 32256-6843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1987

3a. Date of Last Report
04/15/1994

4. FBI Number
59-2759983

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 1300 RIVERPLACE BLVD

2a. Mailing Address

26 1300 Riverplace Blvd

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 SUITE 300

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32207

Country

25 USA

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

MECKS, JACK
7400 BAYMEADOWS WAY
SUITE 320
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

1300 Riverplace Blvd

83 SUITE 300

84 JACKSONVILLE

FL

85 Zip Code
32207

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

12. OFFICERS AND DIRECTORS

NAME	D
NAME	MECKS, JACK
STREET ADDRESS	1971 RIVER RD.
CITY & STATE	JACKSONVILLE FL
NAME	V
NAME	ROSS, BRENT
STREET ADDRESS	7400 BAYMEADOWS WAY
CITY & STATE	JACKSONVILLE FL
NAME	V
NAME	PAULK, KEN
STREET ADDRESS	7400 BAYMEADOWS WAY
CITY & STATE	JACKSONVILLE FL
NAME	T
NAME	WOOSLEY, CARYL
STREET ADDRESS	7400 BAYMEADOWS WAY
CITY & STATE	JACKSONVILLE FL
NAME	V
NAME	WALLER, SUSAN R.
STREET ADDRESS	162 COASTAL OAK CIRCLE
CITY & STATE	PONTE VEDRA BEACH FL
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	1300 Riverplace Blvd SUITE 300
4. CITY & STATE	JACKSONVILLE FL 32207
5. NAME	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	1300 Riverplace Blvd SUITE 300
8. CITY & STATE	JACKSONVILLE FL 32207
9. NAME	☒ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	1300 Riverplace Blvd SUITE 300
12. CITY & STATE	JACKSONVILLE FL 32207
13. NAME	☒ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	1300 Riverplace Blvd SUITE 300
16. CITY & STATE	JACKSONVILLE FL 32207
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on the annual report or biennial 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 of this document, or on an attachment with an address.

SIGNATURE:

Sandra B. Morton

Jack Meeks

1-13-95 (904) 346-0046