

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Senora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J68056 (7)

1. Corporation Name

FIRST COAST EYE CARE, P. VERNON JONES, M.D., P.A



Principal Place of Business

1550 RIVERSIDE AVE.
JACKSONVILLE FL 32204

Mailing Address

1550 RIVERSIDE AVE.
JACKSONVILLE FL 32204

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

COLD, KATHLEEN, HOLBROOK
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

04/20/1987

3a. Date of Last Report

02/08/1995

4. FEI Number

59-2795152

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

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 of person making change must be signed and dated)

(NOTE: Registered Agent signature is required when interested)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
JONES, P. VERNON
1550 RIVERSIDE AVE
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
JONES, JOY, G
1550 RIVERSIDE AVE
JACKSONVILLE FL

☐ DELETE

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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)(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: Joy G. Jones, Joy G. Jones, Vice President 2/28/96 904 3552654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (12/95)