

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J89846 (6)

1. Corporation Name

VESTCOR FINANCIAL ASSOCIATES I, INC.



Principal Place of Business

3030 HARTLEY ROAD, SUITE #100
JACKSONVILLE FL 32257

Mailing Address

3030 HARTLEY ROAD, SUITE #100
JACKSONVILLE FL 32257

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

FARRELL, MARK T.
3030 HARTLEY ROAD, SUITE #100
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified
08/26/1987

3a. Date of Last Report
03/02/1995

4. FEI Number
59-2835623

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. 193.032,
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 607.0602 and 607.1506, 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 not made by the corporation's Board of Directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
ROOD, JOHN D.
3030 HARTLEY ROAD #100
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
FARRELL, MARK T.
3030 HARTLEY ROAD, STE 100
JACKSONVILLE FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.07(b)(4), Florida Statutes. Further, I 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 registered business organization to be submitted to the Department of State as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added or deleted with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T. FARRELL

4/12/96

4-12-96

and 260-3138

CR2E034 (12/95)