

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92986 (5)

1. Corporation Name

WILLIAM C. A. MOULDER, P.A.

Principal Place of Business

% WILLIAM C. A. MOULDER
3030 HARTLEY RD. SUITE 190
JACKSONVILLE FL 32257

Mailing Address

% WILLIAM C. A. MOULDER
3030 HARTLEY RD. SUITE 190
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1987

3a. Date of Last Report

05/20/1994

4. FEI Number

59-2851959

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 One San Jose Place

Suite, Apt. #, etc.

22 Suite 20

City & State

23 Jacksonville, FL

Zip

24 32257

Country

25 Duval

2a. Mailing Address

26 One San Jose Place

Suite, Apt. #, etc.

27 Suite 20

City & State

28 Jacksonville, FL

Zip

29 32257

Country

30 Duval

9. Name and Address of Current Registered Agent

MOULDER, WILLIAM C. A.
3030 HARTLEY RD.
SUITE 190
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

One San Jose Place

83

Suite 20

84 City

Jacksonville

FL

85 Zip Code

32257

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 William C. A. Moulder, President

DATE 04/19/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	MOULDER, WILLIAM C. A.	3030 HARTLEY RD. 190	JACKSONVILLE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
DP	William C. A. Moulder	One San Jose Place, Suite 20	Jacksonville, FL 32257
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. 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(2)(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:

William C. A. Moulder 04/19/95 904/262-7600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR