

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 19 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72232

(7)

1. Corporation Name

INGLEY, CAMPBELL, MOSES, SCHMIDT AND ASSOCIATES,
INC.

Principal Place of Business

% GENE I. SCHMIDT
245 E. INTENDENCIA
PENSACOLA FL 32501

Mailing Address

% GENE I. SCHMIDT
245 E. INTENDENCIA
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/10/1989

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2934035

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHMIDT, GENE I.
245 E. INTENDENCIA ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

245 E. INTENDENCIA STREET

83

84 City PENSACOLA

FL

85 Zip Code 32501

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

NAME

INGLEY, HERBERT A.

STREET ADDRESS

6110 N.W. 32ND ST.

CITY- ST- ZIP

GAINESVILLE FL

TITLE

TS

NAME

CAMPBELL, ARTHUR L.

STREET ADDRESS

3044 S.W. 70TH LANE

CITY- ST- ZIP

GAINESVILLE FL

TITLE

V

NAME

MOSES, FRANCIS W.

STREET ADDRESS

1523 NW 52ND TERR

CITY- ST- ZIP

GAINESVILLE FL

TITLE

P

NAME

SCHMIDT, GENE I.

STREET ADDRESS

2121 N WHALEY AVENUE

CITY- ST- ZIP

PENSACOLA FL

TITLE

V

NAME

DELL, HAROLD L.

STREET ADDRESS

4370 D'EVEREUX DRIVE

CITY- ST- ZIP

PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95

904-438-0050