

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K85563

(0)

1. Corporation Name

MOULTRIE SQUARE CENTER, INC.

Principal Place of Business

Mailing Address

C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202

C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202



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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

03/30/1995

4. FEI Number

59-2946363

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

WHITMIRE, G. W., JR.
200 NORTH LAURA STREET
10TH FLOOR
JACKSONVILLE FL 32202

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, typed or printed name of registered agent and Director, if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
WHITMIRE, G. W., JR.
200 LAURA ST.
JACKSONVILLE FL

☐ DELETE

D
ROBISON, ELIZABETH W.
200 LAURA ST.
JACKSONVILLE FL

☐ DELETE

D
PETERSEN, JULIE W.
200 LAURA ST.
JACKSONVILLE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME Whitmire, G. W. Jr.
1.3 STREET ADDRESS 200 Laura Street
1.4 CITY- ST- ZIP Jacksonville, Florida

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME O'Steen, V. L.
2.3 STREET ADDRESS 200 Laura Street, 10th Floor
2.4 CITY- ST- ZIP Jacksonville, Florida 32202

3.1 TITLE S/T ☐ Change ☒ Addition

3.2 NAME Eadie, Ann M.
3.3 STREET ADDRESS 200 Laura Street, 10th Floor
3.4 CITY- ST- ZIP Jacksonville, Florida 32202

4.1 TITLE Assit Sec ☐ Change ☒ Addition

4.2 NAME Stone, Julith W
4.3 STREET ADDRESS 200 Laura Street, 10th Floor
4.4 CITY- ST- ZIP Jacksonville, Florida 32202

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 (984) 358-2529
Date: (Type Phone #)

CR2E034 (12/95)