

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:09

DOCUMENT # L17460

(1)

1. Corporation Name

R.L. HODGES & ASSOCIATES, INC.

Principal Place of Business

2305 BEACH BLVD
105
JACKSONVILLE BCH FL 32250
US

Mailing Address

2305 BEACH BLVD.
STE 105
JACKSONVILLE BCH FL 32250
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/21/1989

3a. Date of Last Report
01/24/1994

4. FEI Number
59-2971119

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 2315 Beach Blvd.

2a. Mailing Address

26 14444 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1017

27 #18-104

City & State

City & State

23 Jacksonville Beach, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32250

25

29 32250

30

9. Name and Address of Current Registered Agent

SAFER, ELIOT J.
4151 WOODCOCK DRIVE
SUITE 101
JACKSONVILLE FL 32207

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 former with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of agent or certified public accountant and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HODGES, RON L.
2315 BEACH BLVD. COVE 14
JACKSONVILLE BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HODGES, CATHERINE E.
2315 BEACH BLVD. COVE 14
JACKSONVILLE BCH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95

Date

704-945-7145

Daytime Phone #