

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 14 PH 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001430722
-03/15/95--01096--005
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L19064 (9)
1. Corporation Name
ZAK OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
C/O 4958 WILD HERON WAY 1929 ALLEN PKWY.
JACKSONVILLE FL 32202 9TH FLOOR
HOUSTON TX 32202
US

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 29 30

3. Date incorporated or Qualified 09/28/1989 3a. Date of Last Report 07/08/1994
4. FEI Number 59-2978131 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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name The Prentice-Hall Corp System, Inc.
82 Street Address (P.O. Box Number is Not Applicable) 1201 Hays Street
83 Suite 105
84 City Tallahassee FL 85 Zip Code 32301

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	GARRISON, J. D	1929 ALLEN PKWY.	HOUSTON TX
VP	BANGO, FRANK	1929 ALLEN PKWY.	HOUSTON TX
S	GOFF, JOHN B	1929 ALLEN PKWY.	HOUSTON TX
T	GOFF, JOHN B	1929 ALLEN PKWY.	HOUSTON TX
D	GARRISON, J. D	1929 ALLEN PKWY.	HOUSTON TX
D	GOFF, JOAN B	1929 ALLEN PKWY.	HOUSTON TX

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 do 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Goff = Joan B. Goff

3-7-95 (7/13) 525-5141