

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:06

DOCUMENT # L23601 (2)

1. Corporation Name

SAALFIELD, CATLIN & COULSON, P.A.

Principal Place of Business

225 WATER ST. SUITE 1000
JACKSONVILLE FL 32202

Mailing Address

225 WATER ST. SUITE 1000
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1989

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2972592

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CATLIN, HAROLD H
1868 SHADOWLAWN ST
JACKSONVILLE FL 32205

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 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

TITLE	D
NAME	CATLIN, HAROLD H
STREET ADDRESS	225 WATER ST, SUITE 1000
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	SAALFIELD, JOHN R.
STREET ADDRESS	225 WATER ST, SUITE 1000
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	COULSON, MICHAEL I.
STREET ADDRESS	225 WATER ST, SUITE 1000
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ETHERIDGE, DAVID K
STREET ADDRESS	225 WATER ST, SUITE 1000
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HARVEY, JAY L III
STREET ADDRESS	225 WATER ST, SUITE 1000
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	FORGAS, JOHN A. III	
1.3 STREET ADDRESS	225 WATER ST, SUITE 1000	
1.4 CITY - ST - ZIP	JAX FL 32202	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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)(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 resolver authorized 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Year #