

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

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AND
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95 JUN 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01016--021
****225.00 ****225.00

**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # L 25751
1. Corporation Name
Fourth Avenue Corporation

Principal Place of Business Mailing Address
3511 LANTERN BAY DRIVE
Jupiter, FL 33477

2. Principal Place of Business 2a. Mailing Address
21 3511 LANTERN BAY DR 26 3511 LANTERN BAY DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Jupiter, FL 27 Jupiter, FL
City & State City & State
23 33477 24 USA 25 33477 26 USA
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
1984 1994

4. FEI Number Applied For
59-2973864 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

7. This corporation has liability for intangible tax under C. 190.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

JERRY L. McALISTER
3511 LANTERN BAY DR.
Jupiter, FL

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 Jerry L. McAlister DATE 6-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRES - JERRY McALISTER</u>	1.1 TITLE	☐ Change ☐ Addition
NAME	<u>3511 LANTERN BAY DR.</u>	1.2 NAME	
STREET ADDRESS	<u>Jupiter, FL</u>	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	<u>V.P. JAMES D. SALTER</u>	2.1 TITLE	☐ Change ☐ Addition
NAME	<u>703 N.E. 15th ST.</u>	2.2 NAME	
STREET ADDRESS	<u>GAINESVILLE, FL 32601</u>	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(h), 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 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: Jerry L. McAlister DATE 6-16-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR