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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # L42948 (4)

1. Corporation Name

W. J. COLLINS & ASSOCIATES, INC

Principal Place of Business	Mailing Address
129 NANDINA CIRCLE PONTE VEDRA BEACH FLA 32082	129 NANDINA CIRCLE PONTE VEDRA BEACH FLA 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1990

3a. Date of Last Report: 06/06/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2990913 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25 | Zip — 29 | Country — 30

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDS, J. KEITH M
1506 PRUDENTIAL DR
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	COLLINS, WILLIAM J	12 NAME	400001413114
STREET ADDRESS	129 NANDINA CIRCLE	13 STREET ADDRESS	-02/23/95--01018--008
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, BRENDA	22 NAME	
STREET ADDRESS	129 NANDINA CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	LEE, LISA	32 NAME	
STREET ADDRESS	4715 MARSH HAMMOCK DR W	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA 32223	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	LEE, NICHOLAS D.E.	42 NAME	
STREET ADDRESS	4715 MARSH HAMMOCK DRIVE W	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA 32223	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, THOMAS H	52 NAME	
STREET ADDRESS	4721 DERRICKSON CT	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA 32210	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	95
STREET ADDRESS		63 STREET ADDRESS	2/21/95
CITY-ST-ZIP		64 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: _____ PRESIDENT 2/16/1995 904-285-5949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number