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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

129 NANDINA CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

129 NANDINA CIRCLE
PONTE VEDRA BEACH FL 32082-3028

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

01/23/1996

4. FEI Number

59-2990913

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME COLLINS, WILLIAM J.
STREET ADDRESS 129 NANDINA CIR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE DV ☐ DELETE

NAME COLLINS, BRENDA
STREET ADDRESS 129 NANDINA CIR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE DST ☐ DELETE

NAME LEE, LISA
STREET ADDRESS 4715 MARSH HAMMOCK DRIVE W
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE DV ☐ DELETE

NAME LEE, NICHOLAS DE
STREET ADDRESS 4715 MARSH HAMMOCK DR W
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ DELETE

NAME TAYLOR, THOMAS H
STREET ADDRESS 4721 BERRICKSON CT
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

161 BARBERRY LANE
PONTE VEDRA BCH FL 32082

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

161 BARBERRY LANE
PONTE VEDRA BCH FL 32082

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

W. J. Collins

WILLIAM J. COLLINS

2-7-97

904-285-5949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)