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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L56902** **(4)**

1. Corporation Name

WILLIAM R. JAYCOX, A.I.A., ARCHITECT, P.A.

Principal Place of Business	Mailing Address
1300 GULF LIFE DR SUITE 410 JACKSONVILLE FL 32207	1300 GULF LIFE DR SUITE 410 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **03/05/1990**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-2994076** ☐ 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/has not elected to be taxed as an "electing small business corporation" under Subchapter S of the Internal Revenue Code. ☐ Yes ☐ No

2. Principal Place of Business

21 2002 San Marco Blvd.
22 Suite, Apt. #, etc. Suite 200
23 City & State: Jacksonville, FL
24 Zip: 32207 25 Country: USA

2a. Mailing Address

26 2002 San Marco Blvd.
27 Suite, Apt. #, etc. Suite 200
28 City & State: Jacksonville, FL
29 Zip: 32207 30 Country: USA

9. Name and Address of Current Registered Agent

JAYCOX, WILLIAM R.
1300 GULF LIFE DR SUITE 410
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2002 San Marco Blvd., Suite 200
83
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS JAYCOX, WILLIAM R. 1300 GULF LIFE DR #410 JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	XX Change ☐ Addition 2002 San Marco Blvd., Suite 200 Jacksonville, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAYCOX, MARY A. 1300 GULF LIFE DR #410 JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 2002 San Marco Blvd., Suite 200 Jacksonville, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAYCOX, WILLIAM, R 1300 GULF LIFE DR #410 JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 2002 San Marco Blvd., Suite 200 Jacksonville, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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 on an attached sheet, with an address.

SIGNATURE: WILLIAM R JAYCOX 3/22/96 396 4420

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

CR2E034 (12/95)