

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MCGHEE
Secretary of State
3000 Bank of America Building
Tallahassee, Florida 32399-0001

DOCUMENT # **L80491** (8)

1. Corporation Name

JACKSONVILLE STAGE SERVICES, INC.

Principal Place of Business

% MICHAEL JAY BOBBIN
3230 GREENHOLLY DRIVE W.
JACKSONVILLE FL 32211

Managing Agent

% MICHAEL JAY BOBBIN
3230 GREENHOLLY DRIVE W.
JACKSONVILLE FL 32211

(Do Not Write In This Space)

3. Date Inc. Organized or Qualified
06/14/1990

3a. Date of Last Report
01/10/1995

4. FID Number
59-2997527

Applied For
Not Applicable

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

6. ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.01, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business
21. **3140 Green Arbor Pl.**

2a. Managing Agent
26. **P.O. Box 8005**

22. **Jacksonville, FL**

27. **Jacksonville, FL**

23. **32211**

25. **Duval**

29. **32239**

30. **Duval**

9. Name and Address of Current Registered Agent

**PETTEGREW, JOHNNY
3140 GREEN ARBOR PLACE
JACKSONVILLE FL 32204x 32211**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Payment of the purchase price of this report is made to the Florida Department of State for the purpose of changing the registered office or registered agent. It is the duty of the registered agent to file this report with the Department of State. The Department of State is not responsible for the accuracy of the information provided in this report.

SIGNATURE

12. OFFICER, DIRECTOR, OR OTHER OFFICER

13. OFFICER, DIRECTOR, OR OTHER OFFICER

NAME: **DP**
NAME: **PETTEGREW, JOHNNY**
STREET ADDRESS: **3140 GREEN ARBOR PLACE**
CITY: **JACKSONVILLE FL**

NAME: **Vice President**
NAME: **William B. Rengstl**
STREET ADDRESS: **3500 University Blvd., N., #1006**
CITY: **Jacksonville, FL 32211**

NAME: **DV**
NAME: **SPOCK, CHARLES M., SR.**
STREET ADDRESS: **9749 N MCARTHUR COURT**
CITY: **JACKSONVILLE FL**

NAME: **Treasurer**
NAME: **Rosemary G. Klemmt**
STREET ADDRESS: **3610 River Hall Drive**
CITY: **Jacksonville, FL 32217**

NAME: **T**
NAME: **SISSON, DAVID**
STREET ADDRESS: **906 BARRS ST**
CITY: **JACKSONVILLE FL 32204**

NAME: **DS**
NAME: **LUCIO, SAUL**
STREET ADDRESS: **333 JACKSON RD**
CITY: **JACKSONVILLE FL**

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct, for the corporation stated in the filing. I further certify that the information is correct as the same is reported in the annual report of the corporation and that the corporation shall have the same kept on file. I further certify that I am a resident of the State of Florida and that I am a resident of the State of Florida. I further certify that I am a resident of the State of Florida and that I am a resident of the State of Florida.

SIGNATURE: **Rosemary G. Klemmt** 4/28/95 (904) 737-7909