

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L94386** (4)

1. Corporation Name

DAVID E. COLE SALES, INC.



Principal Place of Business

**10700 NORMANDY BLVD.
JACKSONVILLE FL 32221**

Mailing Address

**10700 NORMANDY BLVD.
JACKSONVILLE FL 32221**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

03/31/1995

4. FET Number

59-3029461

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

10. Name and Address of New Registered Agent

81. Name

Martin Sack, Jr., Attorney

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

2064 Park Street

83.

84. City

Jacksonville

FL

85. Zip Code

32204

I, 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 607.0503, Florida Statutes.

SIGNATURE

Martin Sack Jr.

(Print Name of Registered Agent if Signature is not required when registering)

(Date)

5-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P/T/D ☒ Change ☐ Addition

NAME **COLE, DAVID E.**
STREET ADDRESS **10700 NORMANDY BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☒ DELETE

5. TITLE ☐ Change ☒ Addition

NAME **COLE, BARBARA ANN**
STREET ADDRESS **10700 NORMANDY BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

6. NAME **Jane E. Aquino**
7. STREET ADDRESS **10700 Normandy Blvd.**
8. CITY-ST-ZIP **Jacksonville, Florida 32221**

TITLE ☐ DELETE

9. TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

10. NAME **Ann J. Hewett**
11. STREET ADDRESS **10700 Normandy Blvd.**
12. CITY-ST-ZIP **Jacksonville, Florida 32221**

TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. TITLE
15. NAME
16. STREET ADDRESS
17. CITY-ST-ZIP

TITLE ☐ DELETE

18. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY-ST-ZIP

TITLE ☐ DELETE

23. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

24. TITLE
25. NAME
26. STREET ADDRESS
27. 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 in an attachment with an address.

SIGNATURE:

David E. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. COLE, PRESIDENT

4/26/95

904-781-0876

CR2E034 (12/95)