

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 20 AM 8:28

**DOCUMENT # N20446 (3)**

1. Corporation Name

**THE JACKSONVILLE LANDING MERCHANTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% PAUL C. FICKINGER  
 2 INDEPENDENT DRIVE  
 JACKSONVILLE FL 32202

% PAUL C. FICKINGER  
 2 INDEPENDENT DRIVE  
 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/01/1987

04/14/1994

4. FEI Number

59-2819292

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

7. Nonprofit with IRS 501(c)(3)  
 Tax Exempt Status

☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICKINGER, PAUL C.  
 THE JACKSONVILLE LANDING MERCHANTS ASSN.  
 2 INDEPENDENT DRIVE, SUITE 250  
 JACKSONVILLE FL 32202

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |
|-----------------|---------------------|
| TITLE           | DVS                 |
| NAME            | FICKINGER, PAUL C.  |
| STREET ADDRESS  | 2 INDEPENDENT DRIVE |
| CITY - ST - ZIP | JACKSONVILLE FL     |
| TITLE           | DP                  |
| NAME            | ROBINSON, VICKI     |
| STREET ADDRESS  | 2 INDEPENDENT DRIVE |
| CITY - ST - ZIP | JACKSONVILLE FL     |
| TITLE           | VP                  |
| NAME            | RUSSELL, JENNIFER   |
| STREET ADDRESS  | 2 INDEPENDENT DR    |
| CITY - ST - ZIP | JACKSONVILLE FL     |
| TITLE           | T                   |
| NAME            | REAM, MIKE          |
| STREET ADDRESS  | 2 INDEPENDENT DR    |
| CITY - ST - ZIP | JACKSONVILLE FL     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Paul C. Fickinger*  
 Paul C. Fickinger

NAME AND TYPE OF OFFICER OR DIRECTOR SIGNING OFFICER OR DIRECTOR

6/16/95 904-353-1188  
 Date Signature

CR2037 (3/95)