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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N32109 (3)

1. Corporation Name

THE TRAFFIC CLUB OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
PO BOX 9147 JACKSONVILLE FL 32209	PO BOX 9147 JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: 05/04/1989
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-6152371 ☐ 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 ☐ — $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURNS, HUBERT J.
1746 BASSETT ROAD
JACKSONVILLE FL

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	BURNS, HUBERT J.	12 NAME	
STREET ADDRESS	1746 BASSETT RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	P ☐ Change ☐ Addition
NAME	PATTERSON, JOHN L.	22 NAME	PATTERSON, VIVIAN A.
STREET ADDRESS	6900 BROADWAY AVENUE	23 STREET ADDRESS	7302 BERRY AVE.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	JACKSONVILLE FL 32211
TITLE	D	31 TITLE	P ☐ Change ☐ Addition
NAME	CROFT, BEN	32 NAME	PROCTOR, DALE
STREET ADDRESS	7878 STEPHENSON DRIVE	33 STREET ADDRESS	1425 HANKSMORE LN
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY ST ZIP	JACKSONVILLE FL 32223
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BOSMAN, ROBERT A.	42 NAME	
STREET ADDRESS	822 IBIS RD.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	DENNARD, JAMES E.	52 NAME	
STREET ADDRESS	5340 OLD KINGS ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	KIMES, DONDI C.	62 NAME	MCQUEEN, MICHAEL W.
STREET ADDRESS	8720 SOMERS ROAD	63 STREET ADDRESS	624 HUMMINGBIRD CT.
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	JACKSONVILLE FL 32256

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hubert J. Burns Hubert J. BURNS 1-17-95 904-764-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KH 3-20-95

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