

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 MAR 31 PM 3:25

DOCUMENT # N93000003015 (5)

1. Corporation Name

MCCORMICK WOODS ASSOCIATION, INC.

Principal Place of Business

6810 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32217

Mailing Address

6810 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

09/07/1994

4. FEI Number

59-3254672

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

21 2771-25 MONUMENT ROAD

2a. Mailing Address

26 2771-25 MONUMENT RD.

Suite, Apt. #, etc.

22 SUITE # 218

Suite, Apt. #, etc.

27 SUITE # 218

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32225

Country

25 USA

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

NEWTON, CLIFFORD B
10192 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

ROBERT A. MCNEAL

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

2734 MCCORMICK WOODS DRIVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

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 Robert A. McNeal ROBERT A. MCNEAL, PRESIDENT

3/22/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOSTIE, RENE JR
STREET ADDRESS 6810 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VD
NAME DOSTIE, RICHARD R
STREET ADDRESS 6810 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE SD
NAME DOSTIE, DAVID O
STREET ADDRESS 6810 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME ROBERT A. MCNEAL
13 STREET ADDRESS 2734 MCCORMICK WOODS DRIVE
14 CITY-ST-ZIP JACKSONVILLE, FL 32225

21 TITLE VD ☒ Change ☐ Addition
22 NAME KIM CORK
23 STREET ADDRESS 2719 MCCORMICK WOODS DRIVE
24 CITY-ST-ZIP JACKSONVILLE, FL 32225

31 TITLE TD ☒ Change ☐ Addition
32 NAME ALLEN JACOBS
33 STREET ADDRESS 2648 MCCORMICK WOODS DRIVE
34 CITY-ST-ZIP JACKSONVILLE, FL 32225

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. McNeal ROBERT A. MCNEAL / PRES. 3/22/95 (904) 221-8416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number