

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P19507

(3)

95 FEB 21 AM 11:29

1. Corporation Name

FRP DEVELOPMENT CORP.

Principal Place of Business

34 LOVETON CENTER
34 LOVETON CIR STE 100
SPARKS MD 21152

Mailing Address

34 LOVETON CENTER
34 LOVETON CIR STE 100
SPARKS MD 21152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1988

3a. Date of Last Report

02/21/1994

4. FEI Number

58-1794556

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CARLSON, RUGGLES B.
155 EAST 21ST STREET
JACKSONVILLE FL 32206

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
ANDERSON, JOHN E.
155 E. 21ST ST.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DEVILLIERS, DAVID H. JR.
34 LOVETON CIR STE 100
SPARKS MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FRICK, DENNIS D
155 E. 21ST ST.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AST
RAYBURN, GEORGE THOMAS
34 LOVETON CIR STE 100
SPARKS MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CARLSON, RUGGLES B
155 E 21ST ST
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Sec. & Dir.
Frick, Dennis D.
155 East 21st Street
Jacksonville, FL

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 this 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 on an attachment with no address.

SIGNATURE:

Dennis D. Frick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-95

(904) 355-1781

Dennis D. Frick, Secretary