

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000028642 (5)

1. Corporation Name

9A HOLDING COMPANY



Principal Place of Business

3700 ST. JOHNS INDUSTRIAL PARKWAY W.  
JACKSONVILLE FL 32246

Mailing Address

3700 ST. JOHNS INDUSTRIAL PARKWAY W.  
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified  
04/19/1993

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

21. 1301 Riverplace Blvd.

2a. Mailing Address

26. 1301 Riverplace Blvd.

4. FEI Number

59-3183659

Applied For  
Not Applicable

22. Suite, Apt. #, etc.  
Suite 1500

27. Suite, Apt. #, etc.  
Suite 1500

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23. Jacksonville, FL

28. Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24. 32207 25. Duval

29. 32207 30. Duval

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB WILLIAM M.  
3700 ST. JOHNS INDUSTRIAL PARKWAY WEST  
JACKSONVILLE FL 32246

81. Name  
Michael A. Wodrich

82. Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd.

83. Suite 1500

84. City  
Jacksonville FL 85. Zip Code  
32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 on this form or on separate sheet and attached hereto (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DP  
COBB, WILLIAM M  
3700 ST JOHNS INDUSTRIAL PARKWAY WEST  
JACKSONVILLE FL 32246

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
DPST  
Michael A. Wodrich  
1301 Riverplace Blvd., Ste. 1500  
Jacksonville, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
DULANEY ELLIOTT  
3700 ST. JOHNS INDUSTRIAL PARKWAY WEST  
JACKSONVILLE FL 32246

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
000001746160  
-03/16/96--01003--022  
\*\*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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 of the filer 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 changing, on this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-me Phone #

CR2E034 (12/95)