

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036188 (9)

1. Corporation Name

L.C. REAL ESTATE, INC.

Principal Place of Business

50 N. LAURA STREET
9TH FLOOR
JACKSONVILLE FL 32202

Mailing Address

50 N. LAURA STREET
9TH FLOOR
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1993

3a. Date of Last Report

04/05/1994

4. FEI Number

59-3185324

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 on consolidated

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAD, JAMES A

50 N. LAURA STREET

~~9TH FLOOR~~ MC 099-000-1812

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 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 re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DSTV
HEAD, JAMES A
50 N. LAURA STREET, 9TH FLOOR
JACKSONVILLE FL 32202

13. 1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

50 N. LAURA STREET, MC 099-000-1812

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
MILLER, ROBERT F JR
50 N LAURA ST
JACKSONVILLE FL 32202

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DASV
JARBOE, LLOYD ALLEN JR
50 N. LAURA ST.
JACKSONVILLE FL 32202

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
MULLINS, ROBERT W
100 N. LAURA ST.
JACKSONVILLE FL 32202

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☒ Change ☐ Addition

V
KRAMER, WILLIAM G.
1000 CENTURY PARK DRIVE, 4th FLOOR
TAMPA, FL 33607

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☒ Addition

V
AKINS, ROY R.
1000 CENTURY PARK DRIVE, 4th FLOOR
TAMPA, FL 33607

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director, Secretary, Treasurer and Vice President

James A. Head (904) 791-5275

4/5/95