

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000051320 (8)

1. Corporation Name

MISFITS OF JACKSONVILLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:59

Principal Place of Business

Mailing Address

6180 FORT CAROLINE ROAD
JACKSONVILLE FL 32217 77

6180 FORT CAROLINE ROAD
JACKSONVILLE FL 32217 77

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1993	3a. Date of Last Report 03/25/1994
4. FEI Number 59-3105326	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	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLAND, DAVID L SR.
6180 FORT CAROLINE ROAD
JACKSONVILLE FL 32217 77

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Agent or (Print) Name of registered agent and title if applicable)

(NOTE: (Signature) Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOLAND, DAVID L SR. 6180 FORT CAROLINE ROAD JACKSONVILLE FL 32217 77	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLAND, SHARON 6180 FORT CAROLINE ROAD JACKSONVILLE FL 32217 77	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	BOLAND, DENNIS L 6180 FORT CAROLINE ROAD JACKSONVILLE FL 32217 77	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		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(1)(a), Florida Statutes. I further certify that the information indicated in 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 of this report, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE