

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 # P93000069953 (6)

1. Corporation Name

FIRST AMERICAN SILVER VAULT, INC.



Principal Place of Business

925 W ADAMS STREET  
JACKSONVILLE FL 32204

Mailing Address

925 W ADAMS STREET  
JACKSONVILLE FL 32204

2. Principal Place of Business

2a. Mailing Address

21 2940 MERCURY ROAD

26 2940 MERCURY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32207

25

29 32207

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

59-3206651

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

10. Name and Address of New Registered Agent

BLOOM, A J  
925 W ADAMS STREET  
JACKSONVILLE FL 32204

81 Name

A. J. BLOOM

82

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

2940 MERCURY ROAD

83

84

City JACKSONVILLE,

FL

85 Zip Code  
32207

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 date of appointment

(NOTE: Registered Agent signature required with consent filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BLOOM, A J	925 W ADAMS STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
D	BLOOM, MALCOLM J	925 W ADAMS STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
D	BLOOM, RUSSELL	925 W ADAMS STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
D	NUSSBAUM, PATTY	925 W ADAMS STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*A. J. Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. J. BLOOM

4-4-96

904-731-0100

CR2E034 (12/95)