

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081558 (7)

1. Corporation Name

RECORDS CENTER OF JACKSONVILLE, INC.

Principal Place of Business

**1019 ROSSELL STREET
JACKSONVILLE FL 32204**

Mailing Address

**1019 ROSSELL STREET
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

04/15/1994

4. FEI Number

59-3212480

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 5211 Fairmont St

Suite, Apt. #, etc.

22

City & State
Jacksonville FL

Zip Country
32207-5029 Duval

2a. Mailing Address

26 5211 Fairmont St

Suite, Apt. #, etc.

27

City & State
Jacksonville FL

Zip Country
32207-5029 Duval

9. Name and Address of Current Registered Agent

**BOBECK, CANDICE E
1019 ROSSELL STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

01 Name

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

5211 Fairmont St

03

04 City

Jacksonville

FL

05 Zip Code

32207-5029

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 resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOBECK, CANDICE E
STREET ADDRESS	1019 ROSSELL ST.
CITY - ST - ZIP	JACKSONVILLE FL 32204
TITLE	D
NAME	BOBECK, CLIFFORD J
STREET ADDRESS	1019 ROSSELL ST.
CITY - ST - ZIP	JACKSONVILLE FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5211 Fairmont St
1.4 CITY - ST - ZIP	Jacksonville FL 32207-5029
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	5211 Fairmont St
2.4 CITY - ST - ZIP	Jacksonville FL 32207-5029
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(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:

Candice E. Bobeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

Date

904-398-3600

Telephone Number