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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
**1995**

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

DOCUMENT # **P93000087164 (8)**

1. Corporation Name

**ADDLESTONE & COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4215 SOUTHPOINT BLVD.<br>SUITE 100<br>JACKSONVILLE FL 32216 | 4215 SOUTHPOINT BLVD.<br>SUITE 100<br>JACKSONVILLE FL 32216 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/01/1994 | 3a. Date of Last Report: 05/16/1994 |
| 4. FEI Number: 59-3218508 | 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 § 199.032, Florida Statutes: XX Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 607.0505 and 617.1905, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94 |
|---|---|---|
| Title | DPT | ☐ Change ☐ Addition |
| Name | ADDLESTONE, NATHAN | |
| Street Address | 284 MEETING ST. | |
| City-St-Zip | CHARLESTON SC 29401 | |
| Title | DS | DS ☐ Change ☒ Addition |
| Name | CRAIG, JULIAN | Rosen, Keith S. |
| Street Address | 284 MEETING ST. | 284 Meeting St. |
| City-St-Zip | CHARLESTON SC 29401 | Charleston, S.C., 29401 |
| Title | DVP | ☐ Change ☐ Addition |
| Name | STEMMER, RICHARD | |
| Street Address | 5705 HWY. AVE. | |
| City-St-Zip | CHARLESTON SC 29401 | |
| Title | DVP | ☐ Change ☐ Addition |
| Name | MCREE, THOMAS | |
| Street Address | 5705 HWY. AVE. | |
| City-St-Zip | JACKSONVILLE FL 32254 | |
| Title | AS | ☐ Change ☐ Addition |
| Name | SASSARD, CHERL | |
| Street Address | 4215 SOUTHPOINT BLVD. #100 | |
| City-St-Zip | JACKSONVILLE FL 32216 | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-St-Zip | | |

14. I declare (I certify) that the information supplied with this filing is complete, accurate and duly authorized. I am aware that false information submitted in a document to the Department of State for filing is a third degree felony as provided for in s. 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

**SIGNATURE:** _____ 3/13/95 (803)577-9300

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
Keith S. Rosen, Secty.

0010073 CP