

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006101 (7)**

1. Corporation Name

OLD MILL BRANCH, INC.

Principal Place of Business
**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL 32257**

Mailing Address
**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1994

3a. Date of Last Report

4. FEI Number
59-3217379

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNOWLES, MARK A
9471 BAYMEADOWS RD.
SUITE 408
JACKSONVILLE FL 32256**

01 Name

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

3840 Crown Point Road

03 Suite A

04 City

Jacksonville,

FL

05 Zip Code
32257

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 the President

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
COLLINS, J.D.
9471 BAYMEADOWS RD., #408
JACKSONVILLE FL 32256**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
**D/P
COLLINS, J. D.
3840 CROWN POINT ROAD SUITE A
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**D/V
STOKES, E. CHESTER, JR.
9551 BAYMEADOWS ROAD SUITE 4
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
**V/S
HOLLAND, BEVERLY J.
3840 CROWN POINT ROAD SUITE A
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
**V/T
Knowles, Mark A.
3840 Crown Point Road, Suite A
Jacksonville, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

Mark A. Knowles

Mark A. Knowles

4/26/95

904-268-8500

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

Date

Telephone Number