

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 PM 12:03

DOCUMENT # P94000022293 (2)

1. Corporation Name

MADISON STREET CORP.

Principal Place of Business

3728 PHILLIPS HWY.
SUITE 39
JACKSONVILLE FL 32207

Mailing Address

3728 PHILLIPS HWY.
SUITE 39
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1994	
4. FEI Number	Applied For
21-3239898	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	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
29	30

9. Name and Address of Current Registered Agent

PHILLIPS, PHILIP B JR.
3728 PHILLIPS HWY.
SUITE 39
JACKSONVILLE FL 32207

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 607.0502 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)

(Notary Registered Agent signature required when transacting)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, PHILIP B JR.	12. NAME	
STREET ADDRESS	3728 PHILLIPS HWY., #39	13. STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32207	14. CITY ST ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, MARY K	22. NAME	
STREET ADDRESS	3728 PHILLIPS HWY., #39	23. STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32207	24. CITY ST ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY ST ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(b), 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:

(Signature and typed or printed name of signing officer or director)

5/26/95

404/396-9960