

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 # P94000032520 (6)

1. Corporation Name

JENNIFER E. ADICKS, SLP, PA



Principal Place of Business

Mailing Address

1797 OLD MOULTRIE RD  
113  
ST AUGUSTINE FL 32086  
US

1797 OLD MOULTRIE RD  
113  
ST AUGUSTINE FL 32086  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, CHARLES E JR.  
93-B ORANGE ST.  
ST-AUGUSTINE FL 32084

81 Name

Bob Eberling

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

1400 Old Dixie Hwy, Ste. E

83

84 City

St. Augustine

FL

85 Zip Code

32086

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Bob Eberling

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PVST

☐ DELETE

NAME

ADICKS, JENNIFER E

STREET ADDRESS

1797 OLD MOULTRIE RD #112

CITY- ST- ZIP

ST AUGUSTINE FL

TITLE

D

☐ DELETE

NAME

ADICKS, JENNIFER E

STREET ADDRESS

1797 OLD MOULTRIE RD #112

CITY- ST- ZIP

ST AUGUSTINE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Ste. # 111

Ste. # 111

300001799833  
-04/29/96--01109--015  
\*\*\*200.00

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:

Jennifer Adicks SLP, P.A.

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (904) 918-2554

DATE DAYTIME PHONE #

54-29-96

CR2E034 (12/95)