

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
TALLAHASSEE
JAN 10 1996

95 JAN -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079430 (2)

1. Corporation Name

PICKWICK OF JACKSONVILLE, INC.

2955 HARTLEY RD
SUITE 106A
JACKSONVILLE FL 32256

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SUITE 106A
JACKSONVILLE FL 32256

3. Date of Report (Month/Day/Year)	3a. Date of Last Report
10/28/1994	
4. FIC Number	Actual Fee Not Applicable
59-3291167	
5. Contribution of Funds Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Expenses Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for attempting this under S. 190.032, Florida Statutes	☐ Yes ☒ No

2. Principal Officer or Director	2a. Name and Address
21. Name	26. Name
22. Address	27. Address
23. City	28. City
24. State	29. State
25. Zip	30. Zip

9. Name and Address of Current Registered Agent
CRABTREE, R. R. 8375 DIX ELLIS TRAIL SUITE 401 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address, P.O. Box Number or Post Office
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME	13.1 NAME ☐ Change ☐ Addition
12.2 STREET ADDRESS	13.2 STREET ADDRESS
12.3 CITY, STATE, ZIP	13.3 CITY, STATE, ZIP ☐ Change ☐ Addition
12.4 NAME	13.4 NAME ☐ Change ☐ Addition
12.5 STREET ADDRESS	13.5 STREET ADDRESS
12.6 CITY, STATE, ZIP	13.6 CITY, STATE, ZIP ☐ Change ☐ Addition
12.7 NAME	13.7 NAME ☐ Change ☐ Addition
12.8 STREET ADDRESS	13.8 STREET ADDRESS
12.9 CITY, STATE, ZIP	13.9 CITY, STATE, ZIP ☐ Change ☐ Addition
12.10 NAME	13.10 NAME ☐ Change ☐ Addition
12.11 STREET ADDRESS	13.11 STREET ADDRESS
12.12 CITY, STATE, ZIP	13.12 CITY, STATE, ZIP ☐ Change ☐ Addition
12.13 NAME	13.13 NAME ☐ Change ☐ Addition
12.14 STREET ADDRESS	13.14 STREET ADDRESS
12.15 CITY, STATE, ZIP	13.15 CITY, STATE, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state of affairs from Chapter 190, Florida Statutes. I further certify that the information included in 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. I am an officer or director of this corporation or the treasurer or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in the filing of this report for an attachment with an address.

SIGNATURE: William R. Howell 31/95 904-292-0778