

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 # P94000087928 (5)

1. Corporation Name

STRICKLAND MOON & ASSOC., INC.

Principal Place of Business

9561 WATERFORD RD
JACKSONVILLE FL 32257

Mailing Address

9561 WATERFORD RD
JACKSONVILLE FL 32257



3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9561 Waterford Rd

26 Suite Apt. #, etc.

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

23 City & State
Jacksonville, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32257

25 Duval

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-3286465

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

10. Name and Address of New Registered Agent

STRICKLAND, EDWARD IV
9561 WATERFORD RD
JACKSONVILLE FL 32257

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 607.01(2) 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 in Block 12 or 13 is required for filing.

Signature typed or printed in Block 10 is required for filing.

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
STRICKLAND, EDWARD IV
9561 WATERFORD RD
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
STRICKLAND, BARBARA G
9561 WATERFORD RD
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
MOON, CHRISTINE J
9490 PICKWICK DR
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MOON, JOHN P
9490 PICKWICK DRIVE
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

Edward Strickland Edward Strickland 4/29/96 904 448 1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)