

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047701 (4)

1. Corporation Name

PITMAN INVESTMENTS, INC.

Principal Place of Business

6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216

Mailing Address

6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216



9000001854669
-06/07/96--01006--005
***200.00

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 1104 W. Adams Street

26 1104 W. Adams Street

4. FEI Number

59-3321597

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

Jacksonville, FL

Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

32204

25 USA

32204

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, WILLIAM G
6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216

81 Name

SUSAN Pitman Slappey

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

5400 Longleaf St.

83

Jax, FL

84 City

FL 85 Zip Code

32209

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

Susan Pitman Slappey

4/30/96

Signature, typed or printed name of registered agent and title, if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COOPER, WILLIAM G
STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 500
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE P/D
1.2 NAME Robert Pitman ☐ Change ☒ Addition
1.3 STREET ADDRESS 5400 Longleaf Street
1.4 CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE EVP/D
2.2 NAME Donald D. Pitman ☐ Change ☒ Addition
2.3 STREET ADDRESS 5400 Longleaf Street
2.4 CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T/D
3.2 NAME Susan P. Slappey ☐ Change ☒ Addition
3.3 STREET ADDRESS 5400 Longleaf Street
3.4 CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME W. Sherwood Harrison ☐ Change ☒ Addition
4.3 STREET ADDRESS 1104 W. Adams Street
4.4 CITY-ST-ZIP Jacksonville, FL 32204

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D
5.2 NAME E. A. Pittman, Jr. ☐ Change ☒ Addition
5.3 STREET ADDRESS 1104 W. Adams Street
5.4 CITY-ST-ZIP Jacksonville, FL 32204

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D
6.2 NAME E. H. Pitman ☐ Change ☒ Addition
6.3 STREET ADDRESS 5400 Longleaf Street
6.4 CITY-ST-ZIP Jacksonville, FL 32209

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:

Susan P. Slappey

4/30/96

768-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #

CR2E034 (12/95)