

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 # P95000051102 (8)

1. Corporation Name

BROWN, OBRINGER, SHAW, BEARDSLEY & DECANDIO, PRO
FESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

225 WATER STREET, SUITE 1400
JACKSONVILLE FL 32202
12 EAST BAY STREET
JACKSONVILLE, FL. 32202

225 WATER STREET, SUITE 1400
JACKSONVILLE FL 32202
12 EAST BAY STREET
JACKSONVILLE, FL. 32202

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12 EAST BAY STREET

26 12 EAST BAY STREET

4. FEI Number

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 32202

25

28 32202

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, JACK W JR.
225 WATER STREET, SUITE 1400
JACKSONVILLE FL 32202

81 Name

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

12 EAST BAY STREET

83

84 City JACKSONVILLE

FL

85 Zip Code 32202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME OBRINGER, MICHAEL J
STREET ADDRESS 225 WATER STREET, SUITE 1400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE
NAME BROWN, HARRIS
STREET ADDRESS 225 WATER STREET, SUITE 1400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE
NAME DECANDIO, MICHAEL J
STREET ADDRESS 225 WATER STREET, SUITE 1400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)