

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073461 (2)

1. Corporation Name

~~LM OF JACKSONVILLE, INC.~~
LM OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

~~1895 KINGSLEY AVENUE
SUITE 600
ORANGE PARK FL 32073~~

1895 KINGSLEY AVENUE
SUITE 600
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

None

4. FEI Number

59-3361241

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

81. Name

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

83.

84. City

FL

85. Zip Code

2. Principal Place of Business

21. 13069 Biggin Church Road

Suite, Apt. #, etc.

22. City & State

23. Jacksonville, FL

Zip

Country

24. 32224

25. US

2a. Mailing Address

26. 13069 Biggin Church Road

Suite, Apt. #, etc.

27. City & State

28. Jacksonville, FL

Zip

Country

29. 32224

30. US

9. Name and Address of Current Registered Agent

RAX CO.
% MAHONEY ADAMS & CRISER, P.A.
50 NORTH LAURA ST. 3400 BARNETT CENTER
JACKSONVILLE FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D
MARSLAND, THOMAS A
1895 KINGSLEY AVE. SUITE 600
ORANGE PARK FL 32073

TITLE NAME ☒ DELETE

D
KRAUSE, GEORGE
8700 SOUTHSIDE BLVD. #1919
JACKSONVILLE FL 32256

TITLE NAME ☐ DELETE

D
LEE, JIM
895 MUSEUM CIRCLE
JACKSONVILLE FL 32207

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

13069 Biggin Church Road
Jacksonville, FL 32224

D
Cahill, Dorothy
1895 Kingsley Ave. Suite 600
Orange Park, FL 32073

VP/D
Butrico, James
13069 Biggin Church Road
Jacksonville, FL 32224

D
Glock, Richard
13069 Biggin Church Road
Jacksonville, FL 32224

14. I do hereby certify that the information supplied with this form 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, only as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM LEE
DIRECTOR

8/21/96

954-563-3103

Daytime Phone #

CR2E034 (12/95)