

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 # P95000078713 (1)

1. Corporation Name

INTERNATIONAL CONSULTANTS JAX, INC.



Principal Place of Business

Mailing Address

193 LINKSIDE CIRCLE
PONTE VEDRA BEACH FL 32082

193 LINKSIDE CIRCLE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

2a. Mailing Address

21 193 LINKSIDE CIRCLE
Suite, Apt. #, etc.

26 - SAME -
Suite, Apt. #, etc.

22 City & State
23 PONTE VEDRA BCH, FLORIDA

27 City & State

24 Zip 32082 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD
4209 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

None

4. FEI Number

59-3341678

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

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

Charles T. Baughman, Pres.

3/1/96

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

(NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME BAUGHMAN, CHARLES T
STREET ADDRESS 193 LINKSIDE CIRCLE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☐ DELETE

NAME SEYMOUR, ELIZABETH B
STREET ADDRESS 193 LINKSIDE CIRCLE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change ☐ Addition

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 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)(x), 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:

Charles T. Baughman

CHARLES T. BAUGHMAN

1-23-96

904-262-3897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)