

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96  1. Corporation Name	3000047415
MARK HULSEY, III, P.A.	
Principal Place of Business	Mailing Address
ON E EMPOYTH OT	200 E FORSYTH ST

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90110 045 \*\*\*150.00



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Principal Place	e of Business	Mailing Address						.,	
200 E FORSYTH	⊣ ST	200 E FORSYTH ST							
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202				DONOT	MIDITE IN THE	IS SDACE	
US US					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qua 05/29/1996			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		<u> </u>	plied For
21		26				59-2931486			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗌	\$8.75	
22		27						Fee Re	· <u></u>
City & State	е	City & State				6. Electic n Campaign Finan	icing	\$5.00	
23	····	28				Trust Fund Contribution			to Fees -
Zip	Country	Zip Coun				8. This corporation owes the	e current year l		7
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Add ress of Curre	eni Registered Agent		81	Name	10. Name and Address of N	lew Registeri	d Agent	
1,11,11,1	CEV MADIZ III			ויי	name				
	SEY, MARK III		ſ	82	Street Addr	ess (P.O. Bo); Number is Not Ad	cceptable)		
L .	E FORSYTH ST		L						
JACK	KSONVILLE FL 32202			83					
			Ī	84	City	<del></del>	F	L 85 Zip 6	Code
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change was	authorized	by th	named corp ne corporatio	oration submits this statement for on's board of directors. I hereby	or the purpose accept the app	of changing its ointment as re	registered gistered
SIGNATUF:E	Signature, typed or printed name of registered a	pent and title if applicable. (NOT	E: Registered	igent s	signatura requires	d when reinstating)	DATE	<del>-</del>	
12.									
	UFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO	O OFFICERS	AND DIRECTO	RS IN 12
TITLE	,	ANI) DIRECTORS	13.	E		ADDITIONS/CHANGES TO	O OFFICERS	AND DIRECTO ☐ Change	FRS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or derivative and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.