

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 # S02092 (2)

1. Corporation Name

WAXMAN & SIEMER, P.A.



Principal Place of Business

1723 BLANDING BLVD.  
SUITE 105  
JACKSONVILLE FL 32210  
US

Mailing Address

1723 BLANDING BLVD.  
SUITE 105  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/28/1990

3a. Date of Last Report  
01/23/1995

4. FEI Number  
59-3026776

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

WAXMAN, JERRY J.  
3733 UNIVERSITY BLVD W  
STE 121  
JACKSONVILLE FL 32217

81 Name

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

1723 Blanding Blvd.

Suite 105

Jacksonville

FL 85 32210

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

Jerry J. Waxman

1-18-96

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
1.2 STREET ADDRESS  
CITY-STATE-ZIP  
1.3 TITLE  
NAME  
1.4 STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE  
NAME  
2.2 STREET ADDRESS  
CITY-STATE-ZIP  
2.3 TITLE  
NAME  
2.4 STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
NAME  
3.2 STREET ADDRESS  
CITY-STATE-ZIP  
3.3 TITLE  
NAME  
3.4 STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
NAME  
4.2 STREET ADDRESS  
CITY-STATE-ZIP  
4.3 TITLE  
NAME  
4.4 STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
NAME  
5.2 STREET ADDRESS  
CITY-STATE-ZIP  
5.3 TITLE  
NAME  
5.4 STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
NAME  
6.2 STREET ADDRESS  
CITY-STATE-ZIP  
6.3 TITLE  
NAME  
6.4 STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME  
1.2 STREET ADDRESS  
CITY-STATE-ZIP  
1.3 TITLE  
NAME  
1.4 STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE  
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2.2 STREET ADDRESS  
CITY-STATE-ZIP  
2.3 TITLE  
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2.4 STREET ADDRESS  
CITY-STATE-ZIP

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4.4 STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP  
5.3 TITLE  
NAME  
5.4 STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
NAME  
6.2 STREET ADDRESS  
CITY-STATE-ZIP  
6.3 TITLE  
NAME  
6.4 STREET ADDRESS  
CITY-STATE-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:

Jerry J. Waxman

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (904) 388-5880

CR2E034 (12/95)