

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001481333
-05/09/95--01111--021
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3055973	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 C. 199.002, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE FL 32216-6188		Mailing Address 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE FL 32216-6188	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent FLETCHER, BABETTE L. 50 N LAURA ST STE 3100, BARNETT CENTER JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Kirschner, Main, Petrie, Graham, Tanner & Demont 83 One Independent Drive, Ste. 2000 84 City Jacksonville FL 85 Zip Code 32202	
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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 date of appointment)

Signature (Typed or printed name of registered agent and date of appointment)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MANNING, STEPHEN G 12163 TWAIN OAKES LN JAX FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☒ Change ☐ Addition Jacksonville, FL 32233
TITLE NAME STREET ADDRESS CITY ST ZIP	DP GIBBES, WILLIAM R. 1428 INDIAN WOODS DR NEPTUNE BCH. FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☒ Addition D/T 32266
TITLE NAME STREET ADDRESS CITY ST ZIP	S FLETCHER, BABETTE L. 5020 YACHT CLUB RD JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☒ Addition 32210
TITLE NAME STREET ADDRESS CITY ST ZIP	DC ARCAINI, GIANNI B 7889 HUNTERS GROVE RD JAX FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☒ Change ☐ Addition Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☒ Addition P CARRAUX, GARY M. 647 BEACH CLUB VILLA PONTE VEDRA, FL 32004
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition 5/9

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)(b), 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: **William R. Gibbes, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

904-296-2800