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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S23985** (2)

1. Corporation Name
SELBER & SELBER, P.A.

Principal Place of Business Mailing Address
C/O HOLLAND & KNIGHT **C/O HOLLAND & KNIGHT**
50 NORTH LAURA ST., SUITE 3900 **50 NORTH LAURA ST., SUITE 3900**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/02/1991** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-3041355** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELBER, LEONARD A
C/O HOLLAND & KNIGHT
50 NORTH LAURA ST., SUITE 3900
JACKSONVILLE FL 32202

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 607.1608, 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 title if applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **SELBER, SIMON W.**
STREET ADDRESS **500 EDWARD BALL BLDG**
CITY- ST- ZIP **JACKSONVILLE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **100001455371**
1.4 CITY- ST- ZIP **-04/13/95--01017--015**
******200.00 ****200.00**

TITLE **PSTD**
NAME **SELBER, LEONARD A**
STREET ADDRESS **500 EDWARD BALL BLDG**
CITY- ST- ZIP **JACKSONVILLE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **50 N. Laura Street Suite 3900**
2.4 CITY- ST- ZIP **Jacksonville, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

4/12/95 nst

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: *Leonard A. Selber, Inc.* **Leonard A. Selber, President** **4/11/95** (904)353-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)