

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S24483** (7)

1. Corporation Name

RONALD PEACOCK & ASSOCIATES, INC.



Principal Place of Business

**837 LEONIE CIR.
JACKSONVILLE FL 32211**

Mailing Address

**837 LEONIE CIR.
JACKSONVILLE FL 32211**

2. Principal Place of Business

21 **521 W. HILLSBOROUGH AVE**

Suite, Apt. #, etc.

22 **FLORAHOME, FL**

City & State

23 **32140**

Zip

Country

25 **U.S.A**

2a. Mailing Address

26 **P.O. Box 431**

Suite, Apt. #, etc.

27 **FLORAHOME, FL**

City & State

28 **32140**

Zip

Country

29 **USA**

30

3. Date Incorporated or Qualified

01/14/1991

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3047651

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

**RUMPH, J. QUINTON
SUITE 101
3100 UNIVERSITY BLVD S
JACKSONVILLE FL 32216**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **PEACOCK, RONALD**
STREET ADDRESS **837 LEONIE CIR.**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**521 W. HILLSBOROUGH AVE / P.O. Box 431
FLORAHOME, FL 32140.**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: **X RONALD J. PEACOCK D. Ronald J. Peacock**

Date

Daytime Phone #

x 4-25-96 904-659-1371

CR2E034 (12/95)