

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S48587** (7)

1. Corporation Name

TIMMONS & SCHWAB INVESTIGATIONS, INC.

Principal Place of Business

**1730 SHADOWOOD LN
SUITE 360
JACKSONVILLE FL 32207**

Mailing Address

**1730 SHADOWOOD LN
SUITE 360
JACKSONVILLE FL 32207**

APPROVED
AND
FILED

95 APR -7 AM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

03/31/1994

4. FEI Number

59-3061823

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GREENE, THOMAS H., JR., ESQUIRE
2638 GULF LIFE TOWER
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

THOMAS H. GREENE, JR.

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

225 WATERS ST. #2222

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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

Thomas H. Greene, Jr.

3/23/95

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	TIMMONS, RANDY R
STREET ADDRESS	1730 SHADOWOOD LN #360
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	P
NAME	SCHWAB, CHARLES W III
STREET ADDRESS	1730 SHADOWOOD LN #360
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	TIMMONS, LYNN A
STREET ADDRESS	1730 SHADOWOOD LN #360
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, 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 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

Charles W. Schwab, III

CHARLES W. SCHWAB, III

4/3/95

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