

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

APPROVED
AND
FILED

95 MAY -1 11 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S52253 (9)**

1. Corporation Name
PAUL JEFFREY, INC.

Principal Place of Business: **1301 GULF LIFE DRIVE SUITE 1000 JACKSONVILLE FL 32207**

Mailing Address: **1301 GULF LIFE DRIVE SUITE 1000 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **05/14/1991**

3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business

21 **1301 Riverplace Blvd.**

2a. Mailing Address

26 **1301 Riverplace Blvd.**

4. FEI Number: **59-3084599**

Applied For: Not Applicable:

Suite, Apt. #, etc. **Suite 1200**

22 **Suite 1200**

27 **Suite 1200**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **Jacksonville, FL**

23 **Jacksonville, FL**

28 **Jacksonville, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **32207** Country: **USA**

24 **32207** 25 **USA**

29 **32207** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MOORE, DANIEL D.
STREET ADDRESS	1301 GULF LIFE DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DP
NAME	ELSTON, WILLIAM S.
STREET ADDRESS	1301 GULF LIFE DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	S
NAME	MATSON, J. MICHAEL
STREET ADDRESS	1301 GULF LIFE DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	DUNN, E. PAUL, JR.
STREET ADDRESS	120 E RIVERSIDE PLZ
CITY, ST, ZIP	CHICAGO IL
TITLE	V
NAME	HEINEN, PAUL A.
STREET ADDRESS	120 E RIVERSIDE PLZ
CITY, ST, ZIP	CHICAGO IL
TITLE	AS
NAME	LEVIN, JOHN D.
STREET ADDRESS	120 E RIVERSIDE PLZ
CITY, ST, ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Daniel D. Moore	
13 STREET ADDRESS	1301 Riverplace Blvd., Ste 1200	
14 CITY, ST, ZIP	Jacksonville, FL 32207	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joseph A. Nicosia	
23 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200	
24 CITY, ST, ZIP	Jacksonville, FL 32207	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Michael J. Gardner	
33 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200	
34 CITY, ST, ZIP	Jacksonville, FL 32207	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	E. Paul Dunn Jr.	
43 STREET ADDRESS	600 W. Monroe	
44 CITY, ST, ZIP	Chicago, IL 60661	
51 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Sandra K. Brandt	
53 STREET ADDRESS	500 W. Monroe	
54 CITY, ST, ZIP	Chicago, IL 60661	
61 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	John D. Levin	
63 STREET ADDRESS	500 W. Monroe	
64 CITY, ST, ZIP	Chicago, IL 60661	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the description stated in Section 110.07(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 or Block 14 or as an attachment with an address.

SIGNATURE: 
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel A. Moore

Date: **4/28/95** (904) 396-2517