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

APPROVED AND FILED

95 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79727** **(1)**

1. Corporation Name

TRACY COMPANY OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~6229 ISLAND FOREST DR~~ 1789 Fiddlers Ridge Dr. ~~ORANGE PARK FL 32073~~ O.P. Fl 32073	~~6229 ISLAND FOREST DR~~ 1789 Fiddlers Ridge Dr. ORANGE PARK FL 32073 O.P. Fl 32073

3. Date Incorporated or Qualified: 09/11/1991
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 1789 Fiddlers Ridge Dr
22: D
23: ORANGE PARK, FLORIDA
24 Zip: 32073
25 Country: USA

2a. Mailing Address
26: 1789 Fiddlers Ridge Dr.
27: Suite, Apt #, etc.
28: ORANGE PARK, Florida
29 Zip: 32073
30 Country: USA

4. FEI Number: 59-3091172 ☐ 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

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RIZZO, TRACY
6229 ISLAND FOREST DR
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: Rizzo, Tracy M.
82 Street Address (P.O. Box Number is Not Acceptable): 1789 Fiddlers Ridge Drive
83:
84 City: ORANGE PARK. FL 85 Zip Code: 32073

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: (TRACY) M. Rizzo TRACY M. RIZZO PRESIDENT 4-18-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RIZZO, TRACY	1.2 NAME	
STREET ADDRESS	~~6229 ISLAND FOREST DR~~ 1789 Fiddlers Ridge Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORANGE PARK FL~~ ORANGE PARK, FL.	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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: (TRACY) M. Rizzo TRACY M. RIZZO 4-18-95 (904) 264-7760
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004668 CP