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 18 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87230** **(6)**

1. Corporation Name

AD VALOREM REALTY OF JAX, INC.

Principal Place of Business	Mailing Address
9851 ATLANTIC BLVD SUITE 134 JACKSONVILLE FL 32225	9851 ATLANTIC BLVD SUITE 134 JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1991**
3a. Date of Last Report: **01/19/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip / 25 County	29	Zip / 30 County

4. FEI Number: **59-3105817** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

OSBORNE, LEE S.
6825 LILLIAN ROAD
JACKSONVILLE FL 32211

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☑ Change ☐ Addition
NAME	WHALEY, ROBERT J.	12 NAME	Whaley, Robert J.	
STREET ADDRESS	9000 REGENCY SQUARE BLVD	13 STREET ADDRESS	9851 Atlantic Blvd, Suite 134	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville FL, 32225	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	WHALEY, ROBERT J.	22 NAME	Whaley, Robert J.	
STREET ADDRESS	9000 REGENCY SQUARE BLVD	23 STREET ADDRESS	9851 Atlantic Blvd, Suite 134	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32225	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: _____ 4-10-95 (904)223-5267
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0018042 CP