

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 MAY -1 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S96563** (9)

1. Corporation Name

ARNALL, NEELY, JAMES & ASSOCIATES INC.

Principal Place of Business

**6803 SAN JOSE BLVD.
JACKSONVILLE FL 32257
US**

Mailing Address

**C/O DAVID A. KING, ATTY.
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 02/28/1994
4. FEI Number 59-3066022	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 made a charitable contribution under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KING, DAVID A. ATTORNEY AT LAW 1416 KINGSLEY AVENUE ORANGE PARK FL 32073		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNALL, JOSEPH .	1.2 NAME	
STREET ADDRESS	P.O. BOX 50307 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	BS	2.1 TITLE	☐ Change ☐ Addition
NAME	NEELY, JAMES	2.2 NAME	
STREET ADDRESS	1416 KINGSLEY AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, BILLY J.	3.2 NAME	
STREET ADDRESS	591 WILLIAM PACA	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	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 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Billy J. James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Billy J. James, President

4-24-95

914-260-1117