

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Capital Building, 1000 North
Gadsden Street, Tallahassee, Florida 32304

APPROVED
AND
FILED

54 MAY 11 11 00 AM '95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24143** (2)
1. Corporation Name
MBL OF JAX, INC.

Principal Office Location: **15 MARIA PLACE
PONTE VEDRA BEACH FL 32082**
Mailing Address: **15 MARIA PLACE
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or changed 03/23/1992	3a. Date of Last Report 04/20/1994
4. FIC Number 59-3115891	Applied For ☐ Not Applicable
5. Certificate of Status: Domestic ☐	\$8.75 Additional Fee Required
6. Election Campaign: Engineering ☐ Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. Has corporation been subject to a change of control under Chapter 402, Florida Statutes? ☐ Yes ☒ No	

2. Principal Office Location 21	2a. Mailing Address 26
22. State: FL	27. State: FL
23. City & State: FL	28. City & State: FL
24. 25	29. 30

9. Name and Address of Current Registered Agent BALL, JOHN S. 2600 INDEPENDENT SQUARE JACKSONVILLE FL 32202	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:
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11. Pursuant to the provisions of Sections 402.001 and 402.002, Florida Statutes, this officer, registered corporation, submits this statement for the purpose of changing its registered office as set forth in the preceding report or partly 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 statement of Sections 402.001-002, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D LYNCH, MARY BETH 15 MARIA PLACE PONTE VEDRA BEACH FL	1. NAME: ☐ Change ☐ Addition
	2. NAME: ☐ Change ☐ Addition
	3. NAME: ☐ Change ☐ Addition
	4. NAME: ☐ Change ☐ Addition
	5. NAME: ☐ Change ☐ Addition
	6. NAME: ☐ Change ☐ Addition
	7. NAME: ☐ Change ☐ Addition
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	9. NAME: ☐ Change ☐ Addition
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	12. NAME: ☐ Change ☐ Addition
	13. NAME: ☐ Change ☐ Addition
	14. NAME: ☐ Change ☐ Addition
	15. NAME: ☐ Change ☐ Addition
	16. NAME: ☐ Change ☐ Addition
	17. NAME: ☐ Change ☐ Addition
	18. NAME: ☐ Change ☐ Addition
	19. NAME: ☐ Change ☐ Addition
	20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the provisions of Chapter 402, Florida Statutes. I further certify that the information was stated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made personally. I am an officer or director of the corporation or the receiver or person empowered to execute the report as required by Chapter 402, Florida Statutes, and that my name appears on Block 1, or Block 1, of changed or on an attachment with an address.

SIGNATURE: *Mary Beth Lynch* 5/8/95 (904) 285-2753
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY BETH LYNCH