ANNUAL REPORT
1995

DOCUMENT # V46247 (5)

1. Corporation Name
ALL FLORIDA ENTERPRISES OF JACKSONVILLE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001450591
-04/07/95--01039--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
112 WEST ADAMS ST. #1312 JACKSONVILLE FL 32202	112 WEST ADAMS ST. #1312 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/25/1992
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21 5837 Harbor Dr.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Fl
24 Zip: 32207 25 Country: Duval

2a. Mailing Address
26 P.O. BOX 10024
27 Suite, Apt. #, etc.
28 City & State: Jacksonville Fl.,
29 Zip: 32207 30 Country: Duval

4. FEI Number: 59-3131011 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYD, CROWTHER M.
112 W. ADAMS ST.
#1312
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: BOYD III, JAMES R.
82 Street Address (P.O. Box Number is Not Acceptable): 3837 HARBOR DRIVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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 James R. Boyd III 4-95
Signature of, and typed or printed 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	11 TITLE	DIRECTOR/S	☒ Change ☒ Addition
NAME	BOYD, IDA B.	12 NAME		
STREET ADDRESS	112 W. ADAMS ST., #1312	13 STREET ADDRESS	BENITA S. BOYD 3837 Harbor Dr.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville Fl., 32207	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BOYD, OLETHA W.	22 NAME		
STREET ADDRESS	112 W. ADAMS ST., #1312	23 STREET ADDRESS	Oletha W. Boyd 3964 San Jose Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville Fl. 32207	
TITLE	D	31 TITLE	D	☒ Change ☒ Addition
NAME	BOYD, CROWTHER M.	32 NAME		
STREET ADDRESS	112 W. ADAMS ST., #1312	33 STREET ADDRESS	Alyce B. Boyd 1609 NW 19th Cir	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Gainesville Fl. 32605	
TITLE		41 TITLE		☒ Change ☒ Addition
NAME		42 NAME	D/p James R. Boyd, III	
STREET ADDRESS		43 STREET ADDRESS	3837 Harbor Dr.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville Fl., 32207	
TITLE		51 TITLE		☒ Change ☒ Addition
NAME		52 NAME	D/	
STREET ADDRESS		53 STREET ADDRESS	Ida B. Boyd 1132 Rio St. Johns Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville Fl 32211	
TITLE		61 TITLE		☒ Change ☒ Addition
NAME		62 NAME	D/ Jean H. Bower	
STREET ADDRESS		63 STREET ADDRESS	2409 Chadford Way	
CITY-ST-ZIP		64 CITY-ST-ZIP	Louisville KY 40222	

20A 4-5

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: James R. Boyd, III James R. Boyd III 1-15-95 904 398-0943
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0019483 CP