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 28 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60627** **(9)**

1. Corporation Name
CORONAVEST, INC.

Principal Place of Business	Mailing Address
50 N. LAURA ST. #2725 SUITE 200 JACKSONVILLE FL 32202 US	P.O. BOX 1200 SUITE 200 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 07/06/1994

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

4. FEI Number: 59-3160942 ☐ 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

DALE & BALD, P.A.
200 W. FORSYTH STREET
SUITE 1100
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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	CLARKSON, CHARLES A	1.2 NAME	
STREET ADDRESS	~~135 W BAY STREET #400~~	1.3 STREET ADDRESS	3100 UNIVERSITY BLVD, So. Ste 235
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32216
TITLE	D	2.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, J. TYLEE	2.2 NAME	
STREET ADDRESS	301 W BAY STREET #2706	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32202
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	JACOBY, ROBERT E	3.2 NAME	
STREET ADDRESS	3080 TIMBERLAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUBOW, LAWRENCE J	4.2 NAME	
STREET ADDRESS	9428 BAYMEADOWS RD. #180	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	SCHULTZ, FREDERICK H	5.2 NAME	
STREET ADDRESS	50 N. LAURA STREET #2725	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32202
TITLE	VS	6.1 TITLE	☐ Change ☑ Addition
NAME	SCHULTZ, JOHN R	6.2 NAME	
STREET ADDRESS	118 W ADAMS ST 301	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32202

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 addition.

SIGNATURE: _____ 4/24/95 904-354-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FREDERICK H. SCHULTZ

0083100 CP