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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64774** (5)

1. Corporation Name

FOX & SILVERMAN INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**140 WEST MONROE STREET
STE 200
JACKSONVILLE FL 32202**

**140 WEST MONROE STREET
STE 200
JACKSONVILLE FL 32202**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JAMES DAVID
2822 CIRCLE RIDGE DR
ORANGE PARK FL 32073**

81 Name
JAMES DAVID WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)
140 W. MONROE ST., #200

83

84 City
JACKSONVILLE

FL

85 Zip Code
32202

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's signature required when re-registering)

DATE

3/4/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
WILLIAMS, JAMES DAVID
2822 CIRCLE RIDGE DR
ORANGE PARK FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
WILLIAMS, JAMES
140 W MONROE
JAY FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD
KNIGHT, ROBERT M JR
140 W MONROE
JAY FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PRESIDENT
JAMES DAVID WILLIAMS
140 W. MONROE ST., #200
JACKSONVILLE, FL 32202**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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***200.00**

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/4/96 904-358-8804

CR2E034 (12/95)