

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J51897

**Entity Name:** DALE, BALD, SHOWALTER, MERCIER & GREEN, P.A.

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC5180680164**

**Current Principal Place of Business:**

DALE, BALD, SHOWALTER, MERCIER & GREEN, PA  
200 W. FORSYTH ST, STE 1100  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

DALE, BALD, SHOWALTER, MERCIER & GREEN, PA  
200 W. FORSYTH ST, STE 1100  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-2756350**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DALE, HOWARD L.  
1117 PALMER TERRACE  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name MERCIER, LEE F  
Address 1956 LARGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title D.VP.  
Name GREEN, MARK M  
Address 2952 FOREST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32257

Title D.P.  
Name DALE, HOWARD L  
Address 1117 PALMER TERRACE  
City-State-Zip: JACKSONVILLE FL 32207

Title DT  
Name BALD, WILLIAM A  
Address 1157 JAMAICA ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HOWARD L. DALE**

**PRESIDENT**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date