## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 346524

(2)

Mailing Address

ED STARKEY & ASSOCIATES, INC.

Fl	LEI	)
Feb 21 19	997	8:00am
Secreta	ry c	of State

1		

Dane E. Starkey 2/17/97

1510 BERNITA JACKSONVILLI		1510 BERNITA ST. JACKSONVILLE FL 32211	1-5364		
				3. Date incorporated or Qualified 05/19/1969	3a. Date of Last Report 01/25/1996
2. Principa! Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1264712	Not Applicable
Suite, Apt 1	#, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
OT/	9. Name and Address of Curren	t Hegistered Agent	81 Name	IV. Name and Address of New No.	Bistoleo whent
	ARKEY, DANE E. 10 Bernita st				
	CKSONMLLE FL 32211		82 Street	Address (P.O. Box Number is Not Acceptal	ole)
JAK.	MOONFILLE FE SEETT		83		
					To Code
			B4 City	•	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida, Such change was:	es, the above-named authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
agent Lai SIGNATURE	m familiar with, and accept the obliga	ations of Section 607.0505, Fl	orida Statutes.	*.	
	Signature, typed or profest name of registered age		E: Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECTORS IN 12
12.	OFFICERS AN	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE	STARKEY, EDWARD W	L_1 Dett.it	1.2 NAME		La State
NAME	7916 LINKSIDE DR		1.2 NAME 1.3 STREET ADDRESS		•
STREET ADDRESS	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	·	
CRY-SI-7P TITLE	ATD	DELETE	2.1 TITLE		Change Addition
NAME	STARKEY, DORA C.	<del></del>	2.2 NAME		
STREET ADDRESS	7916 LINKSIDE DR		2.3 STREET ADDRESS	·	
City - S1 - ZiP	JACKSONVILLE, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		Change  Addition
NAME	STARKEY, DANE E		3.2 NAME		
STREET ADDRESS	4155 WHISPERING OAKS DE	}	3.3 STREET ADDRESS		
C/TY - ST - ZIP	JACKSONVILLE, FL 00000		3.4, CITY-ST-ZIP		District District
TITLE	VSD	DELETE	4.1 TITLE		Change Addition
NAME	STARKEY, MARK S 4165 WHISPERING OAKS D	<b>5</b>	4. 2 NAME		
STREET ACCIRESS	JACKSONVILLE, FL 00000	1	4.3 STREET ADDRESS		
CHY-ST-ZIP	JACKSONVILLE, PE 0000	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME		First Secret	5.2 NAME	·	•
STREET ADORESS			5.3 STREET ADDRESS		
CITY: ST-20F			5.4 City - St - ZiP		
THE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
011V - ST- 7IP	·		6.4 CITY-ST-ZIP		
l informatic	acticalizated on this narreal report or :	cumplomantal annual rapart le	true and accurate and	stated in Section 119.07(3)(i), Florida Statut d that my signature shall have the same leg	iai enaci as il made undei dairi ilai
laman d	of Indicated of this a indai report of difficer or director of the corporation of in Block 12 or Block 18 if changed, c	r the receiver or trustee empor	wered to execute this	report as required by Chapter 607, Florida	Statutes; and that my name