**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90128 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 371756

1. Corporation Name

	ce of Business	Mailing Address					
10700 NORMANDY BOULEVARD 10700 NORMANDY BOULEVARD			ARD				
JACKSONVILLE FL 32221 JACKSONVILLE FL 32221					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	·	
					10/23/1970		
2. Principal F	Place of Business	2a. Mailing Address		~ ~	== =4. FEI Number	<del>``</del>	olied For
21					59-1367484		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<del>-</del> ¬		5. Certifcate of Status Desired See Required		
City & Sta					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be		
Zip	Country	Zip	Count	гу	This corporation owes the current year Interpretation of the Personal Property Tax.	angible	□No
24	25   29   9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
<b> </b>	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Haille aliu Address of New Registered		
2064 PARK STREET JACKSONVILLE FL 32204  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti			a the abo	4 City	FL poration submits this statement for the purpose of	85 Zip C	registered
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	ie of Florida. Such change was au	monzea c	v the corborau	ion's board of directors. I hereby accept the appoin	milent as reg	jistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Ag	jent signature requin	ed when reinstating) DATE		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	☐ OELETE	11 TITLE			Change	Addition
NAME	COLE,DAVID E.		1,2 NAMI	<b>.</b>			
STREET ADDRESS	s 10700 NORMANDY BLVD.		1,3 STRE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1,4 CITY	-ST-ZIP			
TITLE	VD	☐ DELETE 2.1				Change	☐ Addition
NAME	JANE E. AQUINO		2 2 NAM	Ε			
STREET ADDRESS	10700 NORMANDY BLVD.	- ~ · ·	2.3 STRE	ET ADDRESS -			-
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE	.		Change	☐ Addition
NAME	ANN J. HEWETT		3.2 NAM	E			
STREET ADDRESS	s 10700 NORMANDY BLVD		3.3 STRE	ET ADDRESS			
CITY OT ZID	JACKSONVILLE EL		34 CITY	-ST-ZIP			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 officer or director of the corporation Block 12 or Block 13 if changed, or attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DAVID E. COLE, PRESIDENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

Addition