FILE NOW.		TED BAS	V 40T 10							
FILE NOW: FILING FEE AFTER MAY 1ST IS					\$550.00		FI	LE	D	
PROFIT CORPORATI ANNUAL REP		FLC	Sandra B.	Mortham			Jan 28 19	98	8:0	0am
1998					ONS		Secretary of State			
DOCUMENT 1. Corporation Name	# 655414 RUCTION COMPANY	,	(1)				Scorcia			
Principal Place of Busines	ss	Mailing Add	iress			\dashv			AN ONDIN THE N	
415 EAST MONROE STREET JACKSONVILLE FL 32202 415 EAST MONROE STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualified 02/08/1980			
2. Principal Place of Bush	ness	2a. Mailing	Address			4.	FEI Number			Applied For
21 437 E. Moi	nroe St.		E. Moni	roe S	t.		59-2002132			Not Applicable
Suite, Apt #, etc.		27	ot. #, etc.			5.	Certificate of Status Desired	团		5 Additional Required
City & State 23 Jacksonvi	lle, Fl.	City & Si	tate Ksonvill	le, F	1.	6.	Election Campaign Financing Trust Fund Contribution	П		00 May Be ed to Fees
Zip	Country	Zip		Country		8.	This corporation owes or has p		urrent year	1ntangible
	25 Duval	29 322		o Duv	al		Personal Property Tax due Jun		∐ Yes	∑ No
	and Address of Current	Hegistered Ag	ent	81	Name	10.	Name and Address of New R	egistered	Agent	
Peek, Eugen 1609 Gulf Li										
JACKSONVILL				82	Street Ad	idress (P	.O. Box Number is Not Accepta	ble)		
				83						
				84	City			FI	85 Zi	ip Code
11. Pursuant to the provis	lons of Sections 607,0502	and 607.1508, I	Florida Statutes	, the above	e-named co	orporation	n submits this statement for the			g its registered
office or registered ag agent. I am familiar wi	jent, or both, in the State of ith, and accept the obligati	f Florida, Such ons of, Section	change was aut 607.0505, Florid	thorized by da Statute:	the corpor s.	ration's b	n submits this statement for the loard of directors. I hereby acce	ept the ap	pointment	as registered
Signature, typed	d or printed name of registered agent		(NOTE, F	<u>,</u>	ent signature req			DATE		200 11114
TITLE P	OFFICERS AND		DELETE	13.		F	ADDITIONS/CHANGES TO OFFI	CERS AN	Chang	
	LYNWOOD G.	_		1.2 NAME						
	ST MONROE STREET			1.3 STREET	ADDRESS					
CITY-ST-ZIP JACKSC	ONVILLE FL			1.4 CITY - S	T-ZIP				Perel .	
TITLE		L	_] DELETE	2.1 TITLE					Chang	e L Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET						
CITY - ST - ZIP TITLE			DELETE	2. 4 CITY - 5 3.1 TITLE	51-ZIP				Chang	e Addition
NAME		_		3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP					
TITLE			DELETE	4.1 TITLE					Change	e 🔲 Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP			DELETE	4.4 CITY - S	T-ZIP				☐ Change	e
TITLE		Ŀ	T Deceie	5.1 TITLE 5.2 NAME					Onany	~ (AUGURON
NAME STREET ADDRESS				5.2 NAME 5.3 STREET	ADDRESS					
OTTY OT 710				SAPITY-S						

DELETE

WAL PEOURED

TITLE NAME

STREET AODRESS

SIGNATURE:

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 Foot 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 corporator 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 changes of on an attachment with an address.

☐ Change ☐ Addition

904-358-3898

1/10/98