

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 706981 (8)**  
1. Corporation Name

**ANNIE MATTOX CENTER, INC.**

**200001480952**

-05/09/95--01098--008

\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O HAYWARD LOFTON  
297 N. CHESTNUT ST.  
LAKE CITY, FL. 32055**  
Mailing Address: **C/O HAYWARD LOFTON  
297 N. CHESTNUT ST.  
LAKE CITY, FL. 32055**

3. Date Incorporated or Qualified: **03/16/1964**  
3a. Date of Last Report  
4. FEI Number: **23-7134049**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WILLIAMS, LOUIS, JR.  
1493 BROADWAY STREET  
LAKE CITY, FL 32055**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RENTZ, CARL H. (904) 752-3997
STREET ADDRESS	RT. 11, BOX 621
CITY ST ZIP	LAKE CITY, FL
TITLE	D
NAME	JONES, FRED (904) 752-5558
STREET ADDRESS	RT. 6, BOX 477
CITY ST ZIP	LAKE CITY, FL
TITLE	P
NAME	LOFTON, HAYWARD T. (904) 752-4261
STREET ADDRESS	297 N. CHESTNUT ST.
CITY ST ZIP	LAKE CITY, FL
TITLE	S
NAME	WILLIAMS, LOUIS (904) 752-3944
STREET ADDRESS	1493 BROADWAY ST.
CITY ST ZIP	LAKE CITY, FL
TITLE	D
NAME	MAGWOOD, FRANCES (904) 752-6341
STREET ADDRESS	800 W. WASHINGTON ST.
CITY ST ZIP	LAKE CITY, FL
TITLE	D
NAME	MERRICK, RACHEL (904) 755-0180
STREET ADDRESS	1535 LAKE DR.
CITY ST ZIP	LAKE CITY, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WILLIAMSON, NELO	
13 STREET ADDRESS	237 PATTERSON ST. (904) 752-7436	
14 CITY ST ZIP	LAKE CITY, FL	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CARTER, BILLY (904) 752-3533	
23 STREET ADDRESS	ROUTE 8 BOX 472	
24 CITY ST ZIP	LAKE CITY, FL	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LAKE, OLIVER J. (904) 752-2892	
33 STREET ADDRESS	LAKE CITY, FL 32056	
34 CITY ST ZIP	P.O. BOX 11361	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(b), 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 make up 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: *Louis Williams, Jr.* Louis Williams, Jr. 4-22-95 (904) 752-3944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR