

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90021 048 ***150.00

DOCUMENT # H28775

1. Entity Name
4616 CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4700 SOUTHSIDE BLVD. P.O. BOX 19026F JACKSONVILLE FL 32216	Mailing Address 4700 SOUTHSIDE BLVD. P.O. BOX 19026F JACKSONVILLE FL 32216-6359
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2460967	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HELMICK, JOHN P., JR.
 4700 SOUTHSIDE BLVD.
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS	<input type="checkbox"/> Delete
NAME HELMICK, JOHN P., JR.	
STREET ADDRESS 4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE V	<input type="checkbox"/> Delete
NAME HELMICK, CLAUDETTE B.	
STREET ADDRESS 4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE AS	<input type="checkbox"/> Delete
NAME HELMICK, MARC A.	
STREET ADDRESS 4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE AS	<input type="checkbox"/> Delete
NAME THOMAS LOVE	
STREET ADDRESS 4700 SOUTHSIDE BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Love **THOMAS LOVE** 3/10/00 904-642-5111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C 7 1 (1/14 19/99)