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**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90210 016 ***150.00

DO NOT WRITE IN THIS SPACE

DOC	JMENT	#	H368	61
	2111C11	,,	1.000	O I

	and the same of
Principal Place of Business	アログラ、デザ .Mailing Address
3633 SOUTHSIDE BLVD P.O. BOX 16097 JACKSONVILLE FL 32216	— 3633 SOUTHSIDE BLVD — P.O. BOX 16097 JACKSONVILLE FL 32245 US

2. 1]	Principal Place of Business	2a 26	12754 MUIRACID BWD N.	4. F
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. C
2		27	**:	
	City & State		City & State	6. E
3		28		Т

	Suite, Apt. #, etc.		-		
 27	÷ .	-	• •	_	
	City & State				
28					
	Zip	_	Countr	у	

'	12/28/1984
<u>^ 1 .</u>	4. FEI Number
BWd N.	59-15659 <u>48</u>
	5. Certifcate of Status Desired
<u> </u>	6 Election Campaign Financia

	6.	Election Campaign Financing Trust Fund Contribution	
1	8.	This corporation owes the curr	ent yea

Personal Property Tax.

3. Date Incorporated or Qualifed

\$5.00 May Be Added to Fees

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	- 12	и	ıNn	

Applied For

Fee Required

Not Applicable \$8.75 Additional

FOUKE, HARRY HAYDON, JR.
3633 SOUTHSIDE BLVD
JACKSONVILLE FL 32216

25

Country

9. Name and Address of Current Registered Agent

Zip

24

T	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 32225

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, and accept the obligations of Section 607.0505. Florida Statutes.

agent. i a	in familiar with, and accept the obligations t	n, 3600011 001.0305, 1 1011	da Oizidies.			
SIGNATURE	Signature, typed or printed name of registered agent and titl	s if applicable (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIS		13.		S TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	DPT	DELETE	1,1 TITLE		Change	Addition
NAME	FOUKE, HARRY HAYDON, JR.		1.2 NAME			•
	AARRA ANABEIELD DIE AL		1.3 STREET ADDRESS			
STREET ADDRESS		3				32725
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE	DVS	☐ DEFE IE	2.1 TITLE			Addition
NAME	FOUKE, DELETA F.		2.2 NAME			
STREET ADDRESS	12754 MUIRFIELD BLVD. N.		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	<u> </u>		32229
TITLE		DELETE	3.1 TTTLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	Carlotte Commence		6.3 STREET ADDRESS			
OFFICE TIPE #	•		64 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 Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

4-20-99