

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

**APPROVED AND FILED**

**95 APR 25 AM 8:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # J78761 (0)**

1. Corporation Name  
**O.N., INC.**

Principal Place of Business  
**2805 CORINTHIAN AVE  
SUITE #12  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**P.O. BOX 7177  
JACKSONVILLE FL 32238  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 [ ]  
Suite, Apt. #, etc.  
22 [ ]  
City & State  
23 [ ]  
Zip  
24 [ ] Country  
25 [ ]

2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc.  
27 [ ]  
City & State  
28 [ ]  
Zip  
29 [ ] Country  
30 [ ]

3. Date Incorporated or Qualified  
**06/18/1997**

3a. Date of Last Report  
**05/13/1994**

4. FEI Number  
**59-2835540**

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. 189.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**BARTON, THOMAS L.  
1833 WILLOW BRANCH TERRACE  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTON, JAMES G.
STREET ADDRESS	LOG BRIDGE CIRCLE
CITY - ST - ZIP	HIGHLANDS NC
TITLE	D
NAME	BARTON, THOMAS L.
STREET ADDRESS	1833 WILLOWBRANCH TERR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	HOLMES, BEVERLY B.
STREET ADDRESS	53 SOUTH NINE DRIVE
CITY - ST - ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	ROWE, HERNDON E.
STREET ADDRESS	ROUTE 2 BOX 2080
CITY - ST - ZIP	CLARKESVILLE GA
TITLE	D
NAME	ROWE, LANE M.
STREET ADDRESS	ROUTE 2 BOX 2080
CITY - ST - ZIP	CLARKESVILLE GA
TITLE	D
NAME	ROWE, MICHAEL
STREET ADDRESS	501 PELHAM DRIVE, #0205
CITY - ST - ZIP	COLUMBIA SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), Florida Statutes. I further certify that the information disclosed 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 in this report, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **James G. Barton April 21st 1995**  
Signature and typed or printed name of signing officer or director **Pres./Dir.** Date **704-526-5412** (Area) Phone #