

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J78761 (0)**  
 1. Corporation Name  
**O.N., INC.**



Principal Place of Business <b>13700 SUTTON PARK DR                  #535                  JACKSONVILLE FL 32224                  US</b>	Mailing Address <b>P.O. BOX 7177                  JACKSONVILLE FL 32238-0177                  US</b>
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3. Date Incorporated or Qualified <b>06/18/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-2835540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**BARTON, THOMAS L.  
 13700 SUTTON PARK DRIVE, N.  
 SUITE 535  
 JACKSONVILLE FL 32224**

**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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTON, JAMES G.</b>	
STREET ADDRESS	<b>224 KLEIN ROAD</b>	
CITY - ST - ZIP	<b>HIGHLANDS NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTON, THOMAS L.</b>	
STREET ADDRESS	<b>13700 SUTTON PARK DRIVE, N. SUITE 535</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, BEVERLY B.</b>	
STREET ADDRESS	<b>53 SOUTH NINE DRIVE</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWE, HERNDON E.</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 2080</b>	
CITY - ST - ZIP	<b>CLARKESVILLE GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWE, LANE M.</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 2080</b>	
CITY - ST - ZIP	<b>CLARKESVILLE GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWE, MICHAEL</b>	
STREET ADDRESS	<b>501 PELHAM DRIVE, #0205</b>	
CITY - ST - ZIP	<b>COLUMBIA SC</b>	

**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 does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:  **James G. Barton** February 2th 1997

CR2E034 (9/96)