

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J81929 (8)**  
 1. Corporation Name  
**CLAUDE NOLAN STERLING, INC.**



Principal Place of Business Mailing Address  
**% JOHN P. HELMICK JR**  
**4700 SOUTHSIDE BLVD.**  
**JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified **07/06/1987** 3a. Date of Last Report **01/20/1995**

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

4. FEI Number **59-2819237** 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

9. Name and Address of Current Registered Agent

**HELMICK, JR, JOHN P.**  
**4700 SOUTHSIDE BLVD.**  
**JACKSONVILLE FL 32216**

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

Signature of the principal officer or registered agent or both (required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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 119.07(3)(k), Florida Statutes. I further certify 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, or on an attachment with an address.

SIGNATURE: *[Signature]* *Thomas Love* 1/20/96 984-642-5111  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)