SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Jul 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

DOCUMENT # 1. Corporation Name

Principal Place 9471 BAYMEADS SUITE 403	OWS ROAD	Mailing Address 9471 BAYMEADOWS ROAD SUITE 403	vC.		E IN THIS SPACE
JACKSONVILLE	rı	JACKSONVILLE FL		3. Date Incorporated or Qualified	3a. Date of Last Report
				08/27/1993	04/22/1996
· ·	lace of Business CHESTER AUE.	2a. Mailing Address 26 P.O. Box	~ 7911	4. FEI Number 59-3225327	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	3 ////		\$8.75 Additional
22 SUITE 202 27				5. Certificate of Status Desired	Fee Required
City & State		City & State	F/	6. Election Campaign Financing	\$5.00 May Be
23 JACKS	Country Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees
24 3221			30 U.S.A.	This corporation owes or has p Personal Property Tax due June	
1 02 ~·	9. Name and Address of Curren			10. Name and Address of New Re	
WOOD, JAMES R 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE FL			83 City	CICHTER TOAD Address (P.O. Box Number is Not Accepta 48 BARREL SPRIM ANGE PARK	FL 85 Zip Code 82023
11. Pursuant office or r	to the provisions of Sections 617,0502	2 and 617.1508, Florida Statutes of Florida, Such change was at	s, the above-named outhorized by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Flor	ida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered ages	RESIDENT (NOTE:	Registered Agent signature	required when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D NAME OF	DELETE		P/D	☐ Change ☒ Addition
NAME	WOOD, JAMES R 9471 BAYMEADOWS RD #403	•		RICHTER, TODD 3548 BARREL SPEINGS	DR.
STREET ADDRESS	JACKSONVILLE FL 32258		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ORANGE PARK, FI 32	
CITY-ST-ZIP TITLE	D	▼ DELETE		S/7/D	Change Addition
NAME	STOKES, E C	—		CRAIC MARK	
STREET ADDRESS	9551-A BAYMEADOWS RD.		2.3 STREET ADDRESS	3520 BALLEL SPRINGS	s ur,
CITY-ST-ZIP	JACKSONVILLE FL 32256			ORANGE PARK, FI 320	
TITLE	D D	⊠ DELETE	3.1 TITLE	D	☐ Change 🔀 Addition
NAME	LEIGH, SANDY	TC 400	3.2 NAME	MATTINGLY, LORRES 463 FEDERAL HILL	ed.
STREET ADDRESS	9471 BAYMEADOWS RD. SUIT JACKSONVILLE FL 32258	E 1 03	3.3 STREET ADDRESS	ORANGE PARK, FI 3	4003
CITY-ST-ZIP TITLE	UNONSONVILLE I E 32236	DELETE		D	Change Addition
NAME		- orecir		OVERBY, JESSE	
STREET ADDRESS			4.3 STREET ADDRESS	3590 OLD SAWMILL	L 07.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CRANGE PARK, FI	32073
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	DELGADO, JOE	
STREET ADDRESS			5.3 STREET ADDRESS	3415 BRISTOL BRIDE	GE KD,
CITY-ST-ZIP			5.4 CITY - ST - ZIP	ORANGE PARK, El 3	32023
TITLE		☐ DELETE		B i	☐ Change ☑ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.