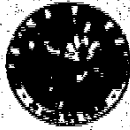


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004803 (3)

1. Corporation Name

EARTH DAY JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3238364	Applied For Not Applicable

Principal Place of Business 421 W CHURCH ST SUITE 412 JACKSONVILLE FL 32202	Mailing Address 421 W CHURCH ST SUITE 412 JACKSONVILLE FL 32202
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHNABEL, SUZANNE M
1600 AMERICAN HERITAGE TOWER
78 S LAURA ST
JACKSONVILLE FL 32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHELLHORN, JOHN M
STREET ADDRESS	421 W CHURCH ST SUITE 412
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D
NAME	WOLVERTON, BLAIR
STREET ADDRESS	3624 ST JOHNS AVE
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	D
NAME	VELETA, CHRISTI
STREET ADDRESS	421 W CHURCH ST SUITE 412
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D
NAME	BAUGHMAN, CINDY
STREET ADDRESS	50 N LAURA ST
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D
NAME	MURPHY, ANN C
STREET ADDRESS	5834 RICHARD ST
CITY - ST - ZIP	JACKSONVILLE FL 32216
TITLE	
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 110.07(3)(4), 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.

SIGNATURE: *Ann C. Murphy* 4-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #