

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005259 (7)

1. Corporation Name

ANGELWOOD, INC.



000001845580
-05/31/96--01022--008
***61.25

Principal Place of Business

Mailing Address

10837 CHEATHAM TRAIL
JACKSONVILLE FL 32223
US

P.O. BOX 551004
JACKSONVILLE FL 32255
US

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 10837 Cheatham Trail

26

4. FEI Number

59-3212078

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

25 Country

29 Zip Country

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, SALLY W
6329 SIDESADDLE DRIVE
JACKSONVILLE FL 32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10837 Cheatham Trail

83

84 City Jacksonville

FL

85 Zip Code 32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 further certify that I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sally Fox

Sally Fox

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIS, ROBERT S	
STREET ADDRESS	503 E. MONROE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAIRCLOTH, GERALD	
STREET ADDRESS	P.O. BOX 37045 N/A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STRICKLAND, SANDY	
STREET ADDRESS	1 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGHTOWER, BEN	
STREET ADDRESS	1514 NIRA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, KATHLEEN	
STREET ADDRESS	6 PABLO DR.	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, JULIA	
STREET ADDRESS	9767 IVEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nadine Grambling	
1.3 STREET ADDRESS	11801 Industry Drive	
1.4 CITY-ST-ZIP	Jacksonville FL 32218	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duane Dumbleton	
2.3 STREET ADDRESS	101 West State Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Conroy	
3.3 STREET ADDRESS	2325 Bottomwood Drive	
3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
4.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ben Hightower	
4.3 STREET ADDRESS	1514 Nira St	
4.4 CITY-ST-ZIP	Jacksonville FL 32207	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert S. Willis	
5.3 STREET ADDRESS	503 E. Monroe St.	
5.4 CITY-ST-ZIP	Jacksonville FL 32202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sandy Strickland	
6.3 STREET ADDRESS	1 Riverside Ave.	
6.4 CITY-ST-ZIP	Jacksonville FL 32202	

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 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:

Sally Fox

Sally W Fox

4/30/96 (904)636-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Month/Year Phone #

CR2E037 (12/95)