

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000002144 (2)**

1. Corporation Name
THE SELVIG CORPORATION



Principal Place of Business: **2100 CORPORATE SQUARE BLVD. SUITE 201 JACKSONVILLE FL 32216**
Mailing Address: **2100 CORPORATE SQUARE BLVD. SUITE 201 JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified: **01/08/1993** 3a. Date of Last Report: **10/16/1995**
4. FEI Number: ~~59-3105950~~ **59-3164950** 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

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

9. Name and Address of Current Registered Agent

**KLUCKER, KENNETH L
1301 RIVERPLACE BLVD.
SUITE 2340
JACKSONVILLE FL 32207**

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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE: *K.L. Klucker* DATE: **1-25-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLUCKER, KENNETH L	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 2340	
CITY- ST- ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELVIG, STEVEN A	
STREET ADDRESS	2100 CORPORATE SQUARE BLVD., SUITE 201	
CITY- ST- ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIRCLIFF, ROBERT T	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 2529	
CITY- ST- ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKEY, THOMAS P	
STREET ADDRESS	210 CORPORATE SQUARE BLVD., SUITE 201	
CITY- ST- ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTTENSTROER, DUANE L	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 2340	
CITY- ST- ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, WARREN P	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1904	
CITY- ST- ZIP	JACKSONVILLE FL 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(d), 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: *Thomas P. Hickey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 **904-223-0002**
DATE REGISTERED OFFICE PHONE #

CR2E034 (12/95)