

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000080281 (7)

1. Corporation Name
Vault - Caney Swamp Conservation, Inc.



Principal Place of Business: 1301 RIVERPLACE BLVD, STE 2552, JACKSONVILLE FL 32207, US
Mailing Address: 1301 RIVERPLACE BLVD, STE 2552, JACKSONVILLE FL 32207, US

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3220368
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
ALLEN, LAURA H
1301 RIVERPLACE BLVD
STE 2552
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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	ALLEN, LAURA H	4444 COUNTRY CLUB ROAD	JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE	T	JOOS, WILLIAM J	1400 PRUDENTIAL DR., STE. 5	JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE	DP	ALLEN, JOHN J.	1301 RIVERPLACE BLVD., STE 2552	JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

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 checked="" type="checkbox"/> Addition
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE					
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 was 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 register 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 omitted, in accordance with the above.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
904-391-0008
Date Daytime Phone #

CR2E034 (12/95)