

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

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

PROFIT CORPORATION ANNUAL REPORT 1996

DOCUMENT # **S06096 (9)**  
1. Corporation Name  
**NINE MILE ROAD, INC.**



Principal Place of Business Mailing Address  
**% KENT. RIDGE & CRAWFORD  
225 WATER STREET, SUITE 900  
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **10/12/1990** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3050021** 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 2a. Mailing Address  
21 **218 Morgan Ave** 26 **218 Morgan Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Jacksonville FL** 27 **Jacksonville FL**  
City & State City & State  
24 **32254** 25 **US** 29 **32254** 30 **US**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**RIDGE, GEORGE E., ESQ.  
225 WATER STREET  
SUITE 900  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 Name **MICHAEL A. WODRICH**  
82 Street Address (P.O. Box Number is Not Acceptable) **1301 Riverplace Blvd**  
83 **SUITE 1500**  
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.05, Florida Statutes.  
SIGNATURE *[Signature]* DATE **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FELIX A.	
STREET ADDRESS	3841 FEATHER OAKS DR E	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCCRIMON, MARY C	
STREET ADDRESS	1849 OCEAN GROVE DR.	
CITY - ST - ZIP	ATLANTIC BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, ALAN B.	
STREET ADDRESS	2859 SCOTT MILL ESTATES	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, ROBERT L.	
STREET ADDRESS	3350 S FLETCHER AVE F-3	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. Changes to an attachment with an address

SIGNATURE: *[Signature]* DATE **4/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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ATTACHMENT TO PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S06096

NINE MILE ROAD, INC

59-3050021

Line 13. Additions/Changes to Officers and Directors in 12

1.1 Title	D/V	Change	X	Addition
1.2 Name	HARRIS W. HUDSON			
1.3 Street Address	200 EAST LAS OLAS BLVD.			
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301			
1.1 Title	V/S	Change	X	Addition
1.2 Name	RICHARD L. HANDLEY			
1.3 Street Address	200 EAST LAS OLAS BLVD.			
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301			
1.1 Title	V	Change	X	Addition
1.2 Name	ROBERT GUERIN			
1.3 Street Address	200 EAST LAS OLAS BLVD.			
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301			
1.1 Title	V	Change	X	Addition
1.2 Name	DONALD KOOGLER			
1.3 Street Address	200 EAST LAS OLAS BLVD.			
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301			
1.1 Title	V	Change	X	Addition
1.2 Name	ROB CRAWFORD			
1.3 Street Address	218 MORGAN AVE			
1.4 City-Zip-State	JACKSONVILLE, FL 32254			
1.1 Title	V	Change	X	Addition
1.2 Name	JAMES ARNOLD			
1.3 Street Address	218 MORGAN AVE			
1.4 City-Zip-State	JACKSONVILLE, FL 32254			
1.1 Title	T	Change	X	Addition
1.2 Name	COURTLAND PEDDY			
1.3 Street Address	200 EAST LAS OLAS BLVD.			
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301			
1.1 Title		Change		Addition
1.2 Name				
1.3 Street Address				
1.4 City-Zip-State				