

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V54150 (0)**

1. Corporation Name

**AGINCOURT GROUP, INC.**



Principal Place of Business

Mailing Address

113 GLENMAWR COURT  
PONTE VEDRA BEACH FL 32082

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PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified <b>07/30/1992</b>	3a. Date of Last Report <b>01/04/1995</b>
4. FEI Number <b>59-3134890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **620-11 Ponte Vedra Blvd**  
Suite, Apt. #, etc.

26 **P.O. Box 2346**  
Suite, Apt. #, etc.

23 **Ponte Vedra Bch, FL**  
City & State

28 **Ponte Vedra Bch, FL**  
City & State

24 **32004**  
Zip

25 **St. Johns**  
County

29 **32004**  
Zip

30 **St. Johns**  
County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIES, JEFFREY O**  
113 GLENMAWR CT  
PONTE VEDRA BEACH FL 32082

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>620-11 Ponte Vedra Blvd</b>
83	
84 City	<b>Ponte Vedra Bch FL</b>
85 Zip Code	<b>32082</b>

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

*Jeffrey O Davies*

(Print or type name of registered agent in this space.)

**4/17/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, JEFFREY O</b>	
STREET ADDRESS	<b>113 GLENMAWR CT</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, JEFFREY O</b>	
STREET ADDRESS	<b>113 GLENMAWR CT</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PST. Davies, Rae.</b>
1.3 STREET ADDRESS	<b>620-11 Ponte Vedra Blvd</b>
1.4 CITY - ST - ZIP	<b>Ponte Vedra Bch, FL 32082</b>
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	

**300001788333**  
-04/22/96--01026--023  
\*\*\*200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey O Davies*

**4/17/96** (904) 585-9113  
DATE DAYTIME PHONE #

CR2E034 (12/95)

**480 JR**