## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

AGINCOURT GROUP, INC.

DOCUMENT # V54150

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## FILED Apr 23 1997 8:00am Secretary of State



820 - 11 PONTE VEDRA BLVD. PO BOX 2346 PONTE VEDRA BCH. FL 32004-2346  3. Date Incorporated or Qualified OT/30/1992 O4/20/1998  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O7/30/1992 O4/20/1998  4. FEI Number S-3-3134890 Not Applied Fr. 53-3134890 Not Applied Fr. 54-3134890 Not Applied Fr. 55-3134890 Not Added of Fr. 55-3134890 Not Added Not Add	ipal Place of B	Rusinese	Mailing Address						
PONTE VEDRA BEACH FL 32004  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O7/30/1992 04/20/1998 04/20/1998 04/20/1998 04/20/1998 04/20/1998 05/20/1998 05/20/1998 05/20/20/20/20/20/20/20/20/20/20/20/20/20/	•		PO BOX 2346						
2. Principal Place of Business   2e. Mailing Address   4. FEI Number   Applied Free Place of Business   2e. Mailing Address   4. FEI Number   Applied Free Place of Status   Applied Free Place   Suite, Apt. #, etc.   59-3134890   Not Applied Free Place   Status   Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Addition. Fee Required City & State   City & State   6. Election Campaign Financing   \$5.00 May Be Added to Fee Required Place   Place									
2. Principal Place of Business									eport
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   S8.75 Addition. Fee Required	incipal Place c	of Business	2a. Mailing Address			***************************************			plied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     City & State     City & State     City & State     Suite, Apt. #, etc.     City & State     City & State     Suite, Apt. #, etc.     City & State     City & State     Suite, Apt. #, etc.     City & State     City & State     Suite, Apt. #, etc.     Su			26				59-3134890	No	t Applicable
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Z	ate, Apt. #, etc	C					5. Certificate of Status Desired	T	
Zip Country Zip Country 8. This corporation has liability for interspible tax under s. 199.03  24 25 29 30 Florida Statutes Vers No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No 620-11 PONTE VEDRA BCH PONTE VEDRA BEACH FL 32004  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Reference 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 register agent I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  84 City FL 85 Zip Code  85 Institutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  86 Signature by accept the appointment as register agent and too if applicable (NOTE: Registered Agent signature required when refusation)  10 DELETE 1.1 THE  11 DELETE 1.1 THE  12 NAME  12 NAME  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 THE  14 DAVES, RAE	ty & State								
28 29 30 Florida Statutes LY vs No 9, Name and Address of Current Registered Agent  DAVIES, JEFFREY O 620-11 PONTE VEDRA BCH PONTE VEDRA BEACH FL 32004  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 registred 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or position with a discreption and be it applicable. (NOTE hegistered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PST  DAVIES, RAE  12. NAME  DAVIES, RAE	n	Country		Co	untry				
9. Name and Address of Current Registered Agent  DAVIES, JEFFREY O 620-11 PONTE VEDRA BCH PONTE VEDRA BEACH FL 32004  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 agent. Lam famular with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hybrid or product name of registered agent and too it applicable  (NOTE Registered Agent signature required when relinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DATE  LIEF PST DAVIES, RAE  DAVIES, RAE		25		30	,				100.002,
### PONTE VEDRA BCH PONTE VEDRA BEACH FL 32004  #### City  ###################################	9.			15.51	T		10. Name and Address of New Registers	ed Agent	
620-11 PONTE VEDRA BEACH FL 32004  82 Street Address (P.O. Box Number is Not Acceptable)  83   Ref.   City   FL   Ref.						Name			
PONTE VEDRA BEACH FL 32004  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hyperoic pushed name of registered agent and too if applicable (NOTE: Registered Agent signature required when relistating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DAVIES, RAE  1.2 NAME  DAVIES, RAE  1.2 NAME					82	Ctront	Address (D.O. Bay Number is hist Assentable)		
83  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hydrod or position home of registered agent and too if applicable (NOTE: Registered Agent signature required when refusitance)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DAME  NAME  DAVIES, RAE  1.2 NAME					82 Street Add		Address (F.O. Box Number is Not Acceptable)		
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 register of agent. I am farmular with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature byted or pointed name of registered agent and tice it applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE DAVIES, RAE  1.1 TIPLE  DAVIES, RAE					83	-			
effice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. I am farmular with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or pointed name of registered agent and tice it applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 II.1 TITLE  DAVIES, RAE  1.2 NAME  DAVIES, RAE					84	City		85 Zip (	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Typed or punied name of registered agent and tice if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  DAVIES, RAE  1.2 NAME  1.2 NAME	T-1777 - T-1777 - 1777	16.11.007.050	Land COZ 4500 Flavida Chair	uton the	<u></u>	namad	correction submits this statement for the surrous	o of obsessing it	o rogistared
12. OFF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE PST DAVIES, RAE 1.2 NAME	office or registe agent. Lam fan	tered agent, or both, in the State i	of Florida. Such change was	s authori <b>z</b> e	ed by	the corp	poration's board of directors. I hereby accept the a	appointment as	registered
TILE PST DELETE 1.1 TITLE Change Add	IATURE Bignat	dure, typical or pointed name of registered age:	it and tice it applicable (NO	OTE: Register	ed Age	nt signature	required when reinstating) DAT	'E	
MAME DAVIES, RAE 1.2 NAME			DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 12
AND AN PONTE VEDDA DUD	<b>I</b>		DELETE	1.1	TITLE	,		Change	Addition
AND THE VENUE OF T				1.21	NAME				
		0-11 PONTE VEDRA BLVD.		1.3	STREET	ADDRESS.			
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14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this arm yal report of 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 dorporation 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 of charged, or on an attachment with an address.

SIGNATURE:

Rac Davies

14/97 984.2