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FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003158 (9)**

1. Corporation Name

**MISSION A.I.M., INC.**

Principal Place of Business

**1301 FIRST STREET, SOUTH  
SUITE 506  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**POST OFFICE BOX 50201  
JACKSONVILLE BEACH FL 33240-0201**



3. Date Incorporated or Qualified

**05/29/1997**

4. FEI Number

**59-344 8620**

Applied For

Not Applicable

2. Principal Place of Business

**21 711 3rd STREET SOUTH**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 6**

Suite, Apt. #, etc.

**27**

City & State

**23 JACKSONVILLE BEACH, FL**

City & State

**28**

Zip

**24 32250**

Country

**25 USA**

Zip

**29**

Country

**30**

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AHEARN, MICHAEL S  
1301 FIRST STREET, SOUTH  
SUITE 506  
JACKSONVILLE BEACH FL 32250**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AHEARN, MICHAEL S</b>	
STREET ADDRESS	<b>1301 FIRST STREET, SOUTH, SUITE 506</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>AHEARN, PAMELA D</b>	
STREET ADDRESS	<b>1301 FIRST STREET, SOUTH, SUITE 506</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZINK, PAUL D</b>	
STREET ADDRESS	<b>2701 HODGES BOULEVARD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PUHR, JAMES J</b>	
STREET ADDRESS	<b>216 SEAMIST COURT</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILDER, CLINT D</b>	
STREET ADDRESS	<b>4183 OLD MILL COVE TRAIL, W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**WILDER, CLINT D**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/98**

**(904) 246-1312**  
Daytime Phone #

CR2E037 (10/97)