

Annual Report
Filed (0-30-78

## THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## **CORPORATION ANNUAL REPORT**

1070



FILED

Jun 37 C 03 AM 1978

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THIS REPORT MUST BE	ACCOMPANIED BY	/ A \$10 FEE (Form CO:	A 620) 12-1-77

LY/O	••	Bruce A, Smathers Secretary of State EE (Form COR 820) 12-1-7	TALLAHASSE	FB DIVISION 192 * * * * * * * * * * * * * * * * * * *	1
► READ N	OTICE AND INS	STRUCTIONS ON OTHE	R SIDE BEFORE MAKI	NG ENTRIES	_
1. Name and Address of Corporat			Enter Change of Addres     P.O. Box Number Alone	s of Corporation Principal Office, is NOT Sufficient,	
FLORIDA, 100 LAURA	INC.		Street Address		
JACKŠUNVI		2202	P.O. Box No.		_
			City		,
if above address is incorre in item 2. Include Zip Cod	ect in any way, entui le.	the correct address	State	Zip Code	
Date Incorporated or Qualified To Do Business in Florida	01/03/193	4. Federal Employer Identification Num (FEIN)	ber 39-0560515	5. Date of Last Report 1977	
Names and Street Addresses of	Each Officer and Di	rector		,	_
Names of Officers and Directors	Title D	Office	Address of Each r and Director Post Office Box Numbers)	City and State	_
CE, CHARLES E	nia	100 LAURA	<b>S</b> T	JACKSUNVILLE, FL	
NES JR. FUGH H	n1R	100 LAURA	ST	JACKSONVILLE, FL	_
IER, THOMAS C	SEC	100 LAURA	\$1	JACKSONVILLE, FL	_

CICE, CHARLES E	nia	100 LAURA ST	JACKSUNVILLE, FL
IONES JR, FUGH H	nia	100 LAURA ST	JACKSONVILLE, FL
UER, THOMAS C	SEC	100 LAURA ST	JACKSONVILLE, FL
VERETT, BRITT S	V.P.	100 LAURA ST	JACKSOMVILLE, FL
DHNSON, HAROLD C	V.P.	100 LAURA ST	JACKSONVILLE, FL
ARNETT, WILLIAM R	DIR	100 LAURA ST	JACKSONVILLE, FL
es.			

Registered Agent Information WATHUR L SHEALY, JR

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code
JACKSONVILLED FL 32202

If you wish to change Registered Agent on this form, enter all new information here

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

 An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treesurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Doss NOT Beer An Authorized Signeture.

I Cartify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Ouspter 607 F.S. I further Cartify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Mede Under Oath. Typed Name of Signing Officer Title

Thomas C. Duer Signature VIIII

Secretary

964/771-7435

Date