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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	The state of the s		ary of State CORPORATIONS			
1. Corporatio	on Name	151764	(8)				
THE	CIRCLE COMPAN	Y			f (68) 8) (1881 8) (8) (8) (8)	ijt Gjöt ö jött öleti olott)(6() 818a1 B1&11 +==
Principal Plac	e of Business	Mailir	ng Address				
*8****		4600 M	iddleton Park C	ir F 4/10			
4600 Mi	iddleton Park Cir. E.	A419 Jackson	mville, fl. 32224	W. G. 7710	1		
Jacksor	mville, fl. 32224	•		**	3. Date Incorporated or Qualified	3a. Date of Last F	Report
2. Principal P	Place of Business	2a M	failing Address		07/22/1947 4. FEI Number	04/28/	
21	Too or Edon loss	26	laning Address		59-0580715		Applied For
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.			\$8.7	Not Applicable 5 Additional
City & Ctot		27			5. Certificate of Status Desired	1 1	Required
City & Stat ≥3	te	28	ity & State		6. Election Campaign Financing		0 Мау Ве
Zip	Country		p	Country	Trust Fund Contribution	Agge	d to Fees
4	25	29		30	This corporation has liability for in Florida Statutes		199.032,
	9. Name and Addres	s of Current Register	ed Agent		10. Name and Address of New Re	gistered Agent	
^ n	LAND D. II			81 Name			
GILULAND,R H 4600 Middleton Park Cir. E. A419				82 Street Ac	ldress (P.O. Box Number is Not Acceptable	∋)	
Jacksomvi	ille, fl. 32224	119		83			
	110, 11. 52224						
				84 City			p Code
11. Pursuant	to the provisions of Section	ns 607 0502 and 607 15	EOO Florido Ct-4 4				
nr ranietar		State of Electeda Combt-	ooo, riorida Statutes	, the above named corp	oration submits this statement for the purp	ose of changing its	registered office
or register familiar wi	ith, and accept the obligation	State of Florida. Such choose of, Section 607.050	ooo, Florida Statutes lange was authorized 05, Florida Statutes.	i, the above named corp d by the corporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changing its introduced the contract as registered	registered offic d agent. I am
familiar wi	ith, and accept the obligation	ons of, Section 607.050	5, Florida Statutes.	Pres.	are or directors. Thereby accept the appoi	ntment as registered	d agent. I am
familiar wi	ith, and accept the obligation	ons of, Section 607.050	95, Florida Statutes.	Pus. Flogistered Agent signature requ	ind when renisteling)	ntment as registered	d agent. I am
familiar wi SIGNATURE 12.	ith, and accept the obligation	ons of, Section 607.050	95, Florida Statutes.	Pres.	are or directors. Thereby accept the appoi	ntment as registered 17 - 9 DATE CERS AND DIRECTO	DRS IN 12
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SIGNATURE: Composition of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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