LOUGH SCHEME THE 214529     Lemmann     FLEMMING & SONS, INC.      Proceed Flace of Busines     Mating Address     Mating	2	2004 FOR PROFI ANNUAL	T CORPORA	τιο	N		Apr		TLE 200		00 am	
464 (DSSI MEE 2254 PO BOX 6677 NCKSONNILLE, FL 32236       464 (DSSI MERUS 32244 PO BOX 6677 NCKSONNILLE, FL 32236       05         2. Princel Race of Busines       9. Mainey Address       03172004       Chg-P       CREEGA4 (10/C6)         3. Mainey Address       03172004       Chg-P       CREEGA4 (10/C6)       Applied FC         2. Princel Race of Busines       0. Mainey Address       03172004       Chg-P       CREEGA4 (10/C6)         2. Princel Race of Busines       0. Y & Size       4. FEI Nimber       Popolo FC       Applied FC         2. Down of Address of Cuinetti Registered Agent       7. Name and Address of Cuinetti Registered Agent       7. Name and Address of Powr Registered Agent       Print Accesses (PC.) Bus Number is Net Accessed IF         0. Oddr. CAPCEL, LANET       Steel Address of Cuinetti Registered Agent       Chr       FLE       20 Code         0. Oddr. CAPCEL, LANET       Steel Address of Cuinetti Registered Agent       Chr       FLE       20 Code         3. Oddr. CAPCEL, LANET       Steel Address of Cuinetti Registered agent of bits in the State of Parks. Let Managen Bits address of Cuinetti Registered agent of bits in the Accesses (PC.) Bus Number is Net Accesses	1. Entity Narr	ie in the second s										
Suite, Apl. R., stor.	464 CASSAT Po Box 602 Jacksonvili	AVE 32254 17 .E, FL 32236 US	464 CASSAT AVENUE 32254 PO BOX 60217 JACKSONVILLE, FL 32236 US									
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Certificate of States of Current Registered Agent      Converting of States of Current Registered Agent      Converting of States of New Registered Agent      Converting	City & Stat	e	City & State									
ODOM-CARDELL, JANET 464 CASSAT AVE. JACKSONVILLE, FL 32254     Norm       Breat Address (P.O. Box Number is Not Acceptable)     Chy       Chy     FL       Streat Address (P.O. Box Number is Not Acceptable)       Chy     FL       Chy     FL       Streat Address (P.O. Box Number is Not Acceptable)       Chy     FL       Chy     FL       Streat Address (P.O. Box Number is Not Acceptable)       Chy     FL       Chy     FL       Streat Address (P.O. Box Number is Not Acceptable)       Chy     FL       Streat Address (P.O. Box Number is Not Acceptable)       Not Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)       Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)       Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)       Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptab	Zip	Country	Zip	Zip Country								
ODOM-CARDELL, JANET 464 CASSAT AVE, JACKSONVILLE, FL 32254       Street Address (P.O. Box Number is Not Acceptable)         Chy       FL 20 Code         Street Address (P.O. Box Number is Not Acceptable)       Chy         Chy       FL 20 Code         Chy       FL 20 Code         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)       Chy         Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		Name	7. Name	e and Address o	of New Re	gistered A	gent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porda. I an familier with, and accept the obligators of registered agent.     SIGNATURE:     Side of Porda. I an familier with, and accept for the obligators of registered agent.     SIGNATURE:	464 CASSAT AVE.											
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pordat. I am familier with, and accept the obligations of registered agent.     StolAnTURE:					<b>C</b> *-	·						
SIGNATURE	B. The above	normal antity a dynamic this statement in	-		-							
Optimity is not a control report and the 4 repotence.       (HCTE: Programmed Agent and the 4 repotence reacted at the memory)       Date <b>FILE NOWITH FEE IS \$ 150.00 After May 1, 2004 Fee will be \$\$50.00 After May 1, 2004 Fee will be \$\$50.00 DefticeRS AND DIRECTORS 11. Address on Press Address on Press 30. OFFICERS AND DIRECTORS 11. Address on Press Address Address on Press Address on Press Address on Press Address Address on Press Address Addres</b>	the obligat	tions of registered agent.	r the purpose of changing its	registere	O OTHER OF FE	egistered agent, i	or doth, in the St	ate of Hor	icia. Lamiti	amiliar with,	and accept	
After May 1, 2004 Fee will be \$550.00       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TILE       SDT       Debte       ThE       Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TILE       SDT       Debte       ThE       Address on 14       & Charge       Address         STRET ADRESS       ODOM-CARDELLE, FL 52009       ThE       Make       STRET ADRESS       ODAme       Address         STRET ADRESS       GREEN, ROBERT R.       Debte       ThE       Make       Charge       Address         STRET ADRESS       JACKSONVILLE, FL       ThE       Make       Charge       Address         STRET ADRESS       STRET ADRESS       Charge       Address       Address         MAK       STRET ADRESS       STRET ADRESS       Charge       Address         STRET ADRESS       ThE       STRET ADRESS       Charge       Address         ON STRET ADRESS       ThE       STRET ADRESS       Charge       Address         STRET ADRESS       ThE       STRET ADRESS       Charge       Address         OTY-ST-	SIGNATURE_	Signature, typed or primed name of registered agant i	and the # applicable. (NOTI	E: Registered	Agent signature	required when reinstate	ng)		DATE		<u> </u>	
ITTLE       SDT       Detete       ITTLE       Address only       BL Charge       Address         INTEL ADDRESS       INTER ADDR												
NME     ODOM-CARDELL, JANET     Dock       STRET ADDRESS     STRET ADDRESS       TTLE     PD       TREE     PD       STRET ADDRESS     GREEN, ROBERT R.       STRET ADDRESS     Charge       Address     Charge       Address     Charge       Address     Charge       Address     Charge       Charge     Address       GREEN, ROBERT R.     Deebe       STRET ADDRESS     Charge       Address     STRET ADDRESS       CTV S1-72     JACKSONVILLE, FL       UTTLE     VD       ITTLE     Deebe       TTLE     Charge       Address     Charge       Address     Charge       Address     Charge       ITTLE     Deebe       TTLE     Charge       ITTLE     Deebe       TTLE     Charge				_	T	ADDITI		TO OFFIC			The second s	
Intel       PD       Delete       Imtel       Charge       Addition         NAME       GREEN, ROBERT R.       NAME       NAME       Charge       Addition         NAME       GREEN, ROBERT R.       NAME       Charge       Addition         ITTLE       VD       Delete       ITTLE       Charge       Addition         NAME       Delete       ITTLE       Charge       Addition         NAME       Delete       ITTLE       Charge       Addition         NAME       STRET ADDRESS       576 SEABROOK COVE RD       STRET ADDRESS       Charge       Addition         STRET ADDRESS       576 SEABROOK COVE RD       STRET ADDRESS       Charge       Addition         NAME       Delete       TTTLE       Charge       Addition         NAME       Delete       TTTLE       Charge       Addition         NAME       Intel ADDRESS       STRET ADDRESS       Charge       Addition         STRET ADDRESS       STRET ADDRESS       Charge       Addition         ITTLE       NAME       STRET ADDRESS       Charge       Addition         STRET ADDRESS       STRET ADDRESS       STRET ADDRESS       Charge       Addition         ITTLE       Del	NAME STREET ADDRESS	ODOM-CARDELL, JANET RT 2 BOX 5002		NAME	:  ,		Stra Das	ud L 30		A change		
Nume       HILL, H. GEORGE       NAME         STREET ADDRESS       576 SEABROOK COVE RD       STREET ADDRESS         CITY-ST-2P       JACKSONVILLE, FL       CITY-ST-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P       Addition         NAME       STREET ADDRESS       CITY-ST-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2P         CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       NAME       STREET ADDRESS       CITY-ST-2P         TITLE       MAME       STREET ADDRESS       CITY-ST-2P         TITLE       NAME       STREET ADDRESS       CITY-ST-2P         TITLE       NAME       STREET ADDRESS       CITY-ST-2P         TITLE       Delete       TITLE       NAME       STREET ADDRESS         STREET ADDRESS	NAME STREET ADORESS	GREEN, ROBERT R. 2700 NEW BERLIN RD	Delete	NAME	ET ADORESS					Change	Addition	
NMAE       Image: Construction of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adformed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition of the receiver of trustee empowered.	NAME STREET ADDRESS	HILL, H. GEORGE 576 SEABROOK COVE RD	Delete	NAME	ET ADDRESS					Change	Addition	
NAME       If WAKE         STREET ADDRESS       STREET ADDRESS         CITY - ST - ZP       CITY - ST - ZP         ITTLE       Delete         NAME       TTLE         NAME       STREET ADDRESS         CITY - ST - ZP       CITY - ST - ZP         ITTLE       Delete         STREET ADDRESS       STREET ADDRESS         CITY - ST - ZP       CITY - ST - ZP         12. In bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       Janual Mathematical Current	NAME STREET ADDRESS		Delete	NAME STREE	ET ADDRESS				<u>.</u>	Change	Addition	
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS         12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       SIGNATURE:       3.29-04       904-T83-124-0	NAME STREET ADDRESS		Delete	NAME	T ADDRESS		,	·		Change	Addition	
ndicated on this report of supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME Street adoress		Delete	NAME STREE	T ADDRESS					Change	Addition	
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	SIGNAT		RINTED NAME OF SUCHONG OFFICER	OR DIRECT	OR		3.29.0	4	<i>904</i>	yarne Phone	1240	