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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

-23.97 904.387-1537

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| JACKSONVILLE FL 32204 US  3. Date Incorporated or Qualified O4/11/1963 3. Date Incorporated or Qualified O4/11/1963 4. FEI Number 26 Suite Apr # etc. Suite Apr # etc. City & State City & State City & State 28 Zp Country Zp Country Zp Country Zp Country Zp Suite Agent Zp Country Zp Suite Address of Current Registered Agent LYNCH, HAL 2165 RIVER BLVD JACKSONVILLE FL 32204  3. Date Incorporated or Qualified O4/11/1963 3. Date Incorporated or Qualified O4/11/1963 City & State City & State Suite Apr # etc. Suite, Apt. #, etc.   |                               |
|--|-------------------------------|
| ABASED A ADDITIONS CHANGES TO FLUS RIVER BLVD ACKSONNULE FL 32204 4119 US  Solid Act # ctc   | Diffin Sallet blåt.           |
| Process Name But D   JACKSONNILE FL 32204   Sac Name and Address   Series Rup But D   JACKSONNILE FL 32204   Sac Name and Address   Series Rup But D   JACKSONNILE FL 32204   Sac Name and Address   Series Rup But D   Series Rup But D   JACKSONNILE FL 32204   Series Rup But D   JAC   |                               |
| ACKSONVILE FL 32204   ACKSONVILE FL 32204-4419   S.   Date incorporated or Qualified   Sa. Date of Land   Co.  | 91811 81811 19 <b>4</b> 1     |
| 3. Date of textures  2. Mailing Address 2. Principal Place of textures 2. Mailing Address 3. FE Number 3. FE Number 3. Suite, Apt. # citc. 3. Cary & State 3. Cary & State 3. Cary & State 3. Name and Address of Current Registered Agent 4. FE Number 4. Country 4. Country 5. Total Fund Contribution   Address of Current Registered Agent 4. Fe Number 5. Suite, Apt. # citc. 5. Certificate of Status Desired   \$8.7. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Registered Agent 4. Total Fund Contribution   Address of Current Re  |                               |
| 2. Principal Place of Husiness   2a. Making Address   5. Fill Number   55. 1057422   52.   22   Suite Act.   1 ctr.   25.   Suite, Apr.   2. ctr.   5. Certificate of Status Desired   \$8.7   Feb.   \$2.   \$ | •                             |
| Suite Act # ctc. Suite Act # ctc. Suite, Apt #, etc. Suite, Apt #, etc. Suite Act # ctc. Suite, Apt #, etc. Suite City & State City & S   |                               |
| Satisfy Act # 6th: South April #   | Applied For<br>Not Applicable |
| City & State   22   28   28   29   30   30   30   30   30   30   30   3  | 75 Additional                 |
| Trust Fund Contribution   Add   Ad   | e Required                    |
| 2   2   2   2   2   3   3   3   3   3  | .00 May Be<br>ded to Fees     |
| 9. Name and Address of Current Registered Agent  LYNCH, HAL 2165 RIVER BLVD JACKSONVILLE FL 32204  83  84 City  FL  85  84 City  FL  85  85  84 City  FL  85  85  86 City  FL  85  87  88  88 City  FL  88  88  89  89  89  89  89  89  89  8  |                               |
| LYNCH, HAL 2165 RIVER BLVD JACKSONVILLE FL 32204  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   85   86 City   FL   85   87   88   City   FL   88   89   City   FL   88   80   City   FL   88   80   City   FL   88   80   City   FL   88   80   City   FL   88   81   City   FL   88   82   City   FL   88   83   84   City   FL   88   85   City   FL   88   86   City   FL   88   86   City   FL   88   87   City   FL   88   88   City   FL   88   89   City   FL   89   89   City   |                               |
| 2165 RIVER BLVD JACKSONVILLE FL 32204  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   |                               |
| ACKSONNILE FL 32204  83  84 City  FL 85  11. Porsuant to this provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent or both, in the State of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent fair fair har with and accept the obligations of, Socion 607,0505, Florida Statutes.  SIGNATURE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. INTERPRETATION OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. INTERPRETATION OFFICERS AND DIRECTORS  17. INTERPRETATION OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. INTERPRETATION OFFICERS OFFICERS AND DIRECTORS  19. INTERPRETATION OFFICERS   |                               |
| The Polyment is the provisions of Sections 607 0532 and 607 1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent or both, in the State of Honda, Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent of the purpose of changing office or registered agent agent and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature   International preference of registered agent and to it implicable   INOTS   Registered Agent aignature required when remaining)   DATE   |                               |
| The State of the provisions of Sections 607 05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 of the purpose of changing 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 of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment and the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment and the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment and the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment and the purpose of changing was authorized by the corporation's board of directors. Thereby accept the appointment and the purpose of the appointment and the purpose of the purpose of the appointment and the purpose of the purpose of the appointment and the purpose of the purpose of the appointment and the purpose of the appointmen   |                               |
| 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 of the corporation of the purpose of changing of the corporation of the corpor   | Zip Code                      |
| Agent Lamiforn for with, and accept the obligations of, Soction 607.0505, Floridal Statutes    SIGNATURE    Signature to replace to a product incorporated permand Statute page and Statutes   INDITE Registered Agent signature required when reinstating)   DATE   | ing its registered            |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD LYNCH, HAL  STREET ADDRESS  CHY-ST-ZIP  JACKSONVILLE FL  ITILE  D DELETE  LYNCH, NAME  LYNCH, NANCY M  STREET ADDRESS  CHY-ST-ZIP  MONTICELLO GA  TITLE  SD DELETE  STREET ADDRESS  CHY-ST-ZIP  MONTICELLO GA  TITLE  D DELETE  STREET ADDRESS  CHY-ST-ZIP  MONTICELLO GA  LYNCH, LARRY  248 W. GREEN STREET  STREET ADDRESS  CHY-ST-ZIP  MONTICELLO GA  LYNCH, LARRY  248 W. GREEN STREET  STREET ADDRESS  CHY-ST-ZIP  MONTICELLO GA  LYNCH, LARRY  ANAWE  LYNCH, LARRY  ANAWE  LYNCH, LARRY  LYNCH, LARRY  ANAWE  LYNCH, FRANCES T.  ACKSONVILLE FL  D D DELETE  AT ITILE  AVE  LYNCH, FRANCES T.  ACKSONVILLE FL  AVE  LYNCH, FRANCES T.  ACKSONVILLE FL  D D DELETE  AT ITILE  AVE  LYNCH, FRANCES T.  ACKSONVILLE FL  D D DELETE  AT ITILE  AVE  LYNCH, FRANCES T.  ACKSONVILLE FL  D DELETE  AT ITILE  ACKSONVILLE FL  D DELETE  AT ITILE  ACKSONVILLE FL  D DELETE  AT ITILE  ACKSONVILLE FL  D DELETE  ACKSONVILLE FL  ACKSONVILLE FL  ACKSONVILLE FL  D DELETE  ACKSONVILLE FL  | nt as registered              |
| 12.  |                               |
| THE  | TORS IN 12                    |
| STREET ADDRESS   A952 ORTEGA FOREST DR.   1,9 STREET ADDRESS   1,4 CHY-ST-ZIP  |                               |
| DELETE   |                               |
| DELETE   |                               |
| NAME   | ngo Addition                  |
| 248 W. GREEN STREET   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP   MONTICELLO GA   2.4 CITY - ST - ZIP     Character   CITY - ST - ZIP     Character   CITY - ST - ZIP   CITY  | ange L.J. Addition            |
| City-St-ZP    MONTICELLO GA  |                               |
| DELETE   3.1 TITLE   SD  |                               |
| STREET ADDRESS   248 W. GREEN STREET   3.3 STREET ADDRESS  | ange Addition                 |
| City St 7iP  |                               |
| TITLE         D         DELETE         4.1 TITLE         Charles           NAME         LYNCH,FRANCES T.         4.2 NAME         4.2 NAME           STREEL ADDRESS         4952 ORTEGA FOREST DR.         4.3 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL         4.4 CITY-ST-ZIP           VP         DELETE         5.1 TITLE           NAME         RAMBACH, LARRY         52 NAME           STREET ADDRESS         2165 RIVER BLVD         5.3 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL         5.4 CITY-ST-ZIP  |                               |
| LYNCH,FRANCES T.   4.2 NAME   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP   |                               |
| STREET ADDRESS   | ange Addition                 |
| CITY-ST-ZP  JACKSONVILLE FL  |                               |
| THE VP DELETE 51 TITLE Charge  |                               |
| NAME RAMBACH, LARRY 52 NAME STREEL ADDRESS 2165 RIVER BLVD 53 STREET ADDRESS CITY ST-76 JACKSONVILLE FL 54 CITY - ST-78  | ange Addition                 |
| STREET ADDRESS CITY ST. 72P  STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - 72P   | -                             |
|  |                               |
| TILEDELETESTATILECha   |                               |
| į į  | ange                          |
| NAME 62 NAME   |                               |
| STREET ADDRESS 63 STREET ADDRESS   |                               |
| 64 CITY-ST-ZIP  14. I do hereby certify that the promation supplies with this filing does not quarty for the promption stated in Section 119.07(3)(i), Florida Statutes. I further certify   | that the                      |