

AND
FILEDCORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 21 PM 4:14

DOCUMENT # 373069

(4)

1. Corporation Name

ENARCO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

805 NORTH ST
JACKSONVILLE FL 32211
US805 NORTH ST
JACKSONVILLE FL 32211
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1970

3a. Date of Last Report

03/18/1994

4. FEI Number

59-1376310

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTER, ALAN W
905 NORTH ST
JACKSONVILLE FL 32211

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MACLEAN, DEWITT B
STREET ADDRESS	5140 RIVER BLUFF LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	MEADORS JR, JACK W
STREET ADDRESS	4986 EMPIRE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	POTTER, ALAN W
STREET ADDRESS	374 SECOND ST
CITY - ST - ZIP	ATLANTIC BCH FL
TITLE	D
NAME	ENNISS, HOWARD A
STREET ADDRESS	1052 LEGAY AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	POTTER, ALAN W
STREET ADDRESS	374 SECOND ST
CITY - ST - ZIP	ATLANTIC BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN W. POTTER

3/15/95

Date

(904) 725-4522

Daytime Phone