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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **437709** (9)
1. Corporation Name
EMORY MANUFACTURING COMPANY

Principal Place of Business
**1830 E 8TH ST
JACKSONVILLE FL 32206
US**

Mailing Address
**PO BOX 3812
JACKSONVILLE FL 32206
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1973

4. FEI Number
59-1510200

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 **1830 E 8th Street**
Suite, Apt. #, etc.

22 City & State
JACKSONVILLE, FL

23 Zip
32206

24 Country
US

2a. Mailing Address
26 **P.O. Box 3812**
Suite, Apt. #, etc.

27 City & State
JACKSONVILLE, FL

28 Zip
32206

29 Country
US

9. Name and Address of Current Registered Agent

**DEAL, KEITH M
140 REGENCY SQUARE
JACKSONVILLE FL**

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

TITLE ☐ DELETE

NAME
**P
SMITH, CLAYTON II**
STREET ADDRESS
30 DON GALLA COURT
CITY-ST-ZIP
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME
**V
BELL, ULICK**
STREET ADDRESS
2816 CONGAREE DR. W.
CITY-ST-ZIP
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME
**S
SMITH, MARIA**
STREET ADDRESS
30 DON GALLA COURT
CITY-ST-ZIP
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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: **Maria Smith** MARIA SMITH SECRETARY 2/24/98 904-354-3337

CR2E034 (10/97)