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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 438580

(3)

NASSAU COUNTY RECORD, INC.

FILED
Jan 30 1997 8:00am
Secretary of State

	APIT BUBU BYAK BEPE	ATOM BURN BURN IN

Principal Place of Business Mailing Address			. 12811: 41816: 1811: 4181 (\$111)		1817 97817 1251		
213 WEST BRANDIES AVENUE P.O. BOX 609		213 WEST BRANDIES AVENUE P.O. BOX 609					
CALLAHAN FL	32011	CALLAHAN FL 32011-0809					
					 Date incorporated or Qualifit 10/22/1973 	3a. Date of Las 05/01/1990	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			NOT APPLICABLE		Not Applicable
Suile, Apt		Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	City & State City & State			Election Campaign Financing Trust Fund Contribution Added to Fees			
Z ip	Country		Countr	y	This corporation has liability		
24	25		30	•	Florida Statutes	Yes No	1 8. 100.002,
	9. Name and Address of Curre				10. Name and Address of New	Registered Agent	
WOO	OD, THOMAS H.		81	Name			
1114	F BEACH BLVD		82	Street Add	ress (P.O. Box Number is Not Acce	otable)	
JACI	KSONVILLE FL 32250		83				
			84	City		FL 85 Z	Zip Code
44 0	to the curvinians of Eastings 607.05	02 and 607 1509. Florida Statuto	n the abov	o named core	poration submits this statement for t		o ite registarod
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	c of Florida. Such change was a gations of, Section 607.0505, Flor	uthorized b rida Statute	y the corporal	tion's board of directors. I hereby a	cept the appointment	as registered
SIGNATURE.	Sopration: Typed or per terr catherof registered as	gent and title Lappicable. (NDIE	: Registered Ag	jent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS AND DIRECT	ORS IN 12
THILF	P	☐ DELETE	1.1 TITLE			☐ Chan	ge 🔲 Addition
NAME	WOOD, THOMAS H.		1.2 NAME				
STREET ADDRESS	1114 BEACH BLVD	•	1.3 STREE	T ADDRESS			
CHY-ST-7F	JACKSONVILLE BEACH FL	DELETE	1.4 CITY -	ST-ZIP		Па	1 1.619
TITLE	ST CAPEN STEPP	☐ DELETE	2.1 TITLE	[☐ Chan	ge L. Addition
NAME	KAREN STEPP 1114 BEACH BLVD		2.2 NAME				
STREET ADDRESS	JACKSONVILLE FL			T ADDRESS			
CHY-ST-7IP TITLE	V	DELETE	2. 4 CiTY - 3.1 FiTLE	31-21		☐ Chan	ge Addition
NAME	WISE, JENNIFER		3.2 NAME				
STREET ADDRESS	1114 BEACH BLVD			T ADDRESS			
CHY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	····		☐ Chan	ge Addition
NAVE			4 2 NAME				
STREET ADDRESS			4 3 STREE	T ADDRESS			
CHY-ST-ZIP	<u> </u>		44 CITY-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			L. Chan	ge L. Addition
NAME			52 NAME				-
STREET ADDRESS	,		5 3 STREE	T ADDRESS			
CITY-ST-ZIF		T 68.44-	5.4 CITY -	ST - ZIP			
T.TLE		☐ DELETE	6.1 TITLE			Chan	ge L Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - \$1 - Z02			6.4 CITY~	ST-ZIP			

14. I do 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 of 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:

appraise viveo of renter water or signing officer on principles Wise

(904)2**49**-9033