| אונאק | PROFIT PRORATION NUAL REPORT | | A | DEPARTMENT OF STATE ndra B. Mortham | | | | | |
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| 7 11 11 | 1996 | | / | cretary of State | | | | | |
| | DOCUMENT # 5208 | | 26 (9) | | | 1 | | | |
| 1. Corporati GU | ion Name PTON AND GUPTO | N ACCOUNT | rants, inc. | • | | | | | |
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| - | ce of Business | | Mailing Address | | | L PROVINCE DAVID PROVINCE TO A | | I TATI KINI AN | AN UNDIN UNUAN NAUN |
| | NVILLE FL 32208-2679 | | 9920 LEM TURN Jacksonville | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/01/1977 | 3a. Date | 04/06/1 | 995 |
| | Place of Business | | 2a. Mailing Address 26 11127 Le | em Turner Rd | | 4. FEI Number 59-1710795 | . | A | pplied For |
| Suite, Apt | | | Suite, Apt. #, etc | | • | 5. Certificate of Status Desired | [] | \$8.75 | lot Applicable Additional |
| City & Sta | ^{tte} ksonville, I | | City & State | | | 6. Election Campaign Financing | | | lequired May Be |
| , ^{ZIP} | Country | | Zip | Country | 221 | 8. This corporation has liability for | intangible tax | | to Fees 199.032, |
| <u> </u> | 218 25 DUV2 9. Name and Addres | s of Current Re | 29 32218 gistered Agent | 30 Duval | [| Florida Statutes Ye 10. Name and Address of New | s DXNO Registered A | gent | |
| | ton, c. j. | | | 81 Name | | | | | |
| |) Lem Turner Road (Sonville Fl | | | | Address | (P.O. Box Number is Not Accepta 127 Lem Turner | ^{ble)} Road | | |
| | | | | 83 | | | | | |
| | | | | 84 City | | | _ | 85 Zip | Code |
| 11. Pursuant | to the provisions of Section | e 607.0502 and | 607 1509 Elocido Sto | | | cksonville | <u> </u> | | Code 2218 |
| Pursuant or registe familiar w | to the provisions of Section agent, or both, in the S vith, and accept the obligation | ns 607.0502 and itate of Florida. Si ons of, Section 60 | 607.1508, Florida Sta uch change was autho 07.0505, Florida Statu | atutes, the above-named co | | cksonville on submits this statement for the pu of directors. I hereby accept the app | | | |
| Pursuant or registe familiar w SIGNATURE | to the provisions of Section ared agent, or both, in the S vith, and accept the obligativ Senature, lyned or printed rank of | ons of, Section 60 | 07.0505, Florida Statu | atutes, the above-named co orized by the corporation's utes. | rporatic board c | on submits this statement for the pu of directors. I hereby accept the app | rpose of chan pointment as re | | gistered office agent. I am |
| familiar w | vith, and accept the obligation of the obligatio | ons of, Section 6 rejistered agent and the FICERS AND DIA | e if applicable | atutes, the above named co orized by the corporation's tes. (NOTE: Regelered Agent signature of 13. | rporatic board c | on submits this statement for the pu of directors. I hereby accept the app | DATE | ging its reg egistered a DIRECTOR | gistered office agent. I am |
| familiar w SIGNATURE 12. | vith, and accept the obligation of the obligatio | ons of, Section 60 rejistered agent and the FICERS AND DIR RD J | 07.0505, Florida Statu | atutes, the above named co orized by the corporation's stes. | rporatic board c | on submits this statement for the pu of directors. I hereby accept the app en reinstating | DATE | ging its reg egistered a DIRECTOR | gistered office agent. I am |
| familiar w SIGNATURE 12. TRUE NAME STREET ADDRESS | vith, and accept the obligation of the obligatio | ons of, Section 6 relistered agent and tit- FICERS AND DIA RD J K BLVD | e if applicable | NOTE: Registered Agort signature of 13. 1.1 THLE 1.3 STREET ADDRESS | rporatic board c | on submits this statement for the pu of directors. I hereby accept the app en reinstating | DATE | ging its reg egistered a DIRECTOR | gistered office agent. I am |
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