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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

526216

DOCUMENT # 1. Corporation Name UNION 700, INC.

Principal Place of Business



700 EAST UNION STREET JACKSONVILLE FL 32206			700 EAST UNION STREET JACKSONVILLE FL 32206					
·		· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 02/10/1977	3a. Date of La: 04/0	st Report 3/1995
2. Principal Place of Business			2a. Mailing Address 26 Suite, Apt. #, etc. 27		4, FEI Number 59-1723874	<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc.		Certificate of Status Desired			\$8.75 Additional Fee Required			
City & State			Orty & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip 4]	25	untry	Zip 29	Count 30	ry	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax unde	
	9. Name and Ad	dress of Current	Registered Agent		······································	10. Name and Address of New Re	egistered Agent	
COOD!	MA DAVED 44			8	1 Name			
GOODING, DAVID M. 225 WATER STREET, SUITE 900 JACKSONVILLE FL 32202				8.		fress (P.O. Box Number is Not Acceptable	le)	
SACKS	ONVILLE PL 322	02		8:	3			
				8			FL 85	Zip Code
 Pursuant to or registered familiar with 	the provisions of S d agent, or both, in , and accept the ot	ections 607,0502 (the State of Florida digations of Section	and 607.1508, Florida Sta a. Such change was autho on 607.0505, Florida Statu	tutes, the above prized by the cor	-named corpo poration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	oose of changing I	ts registered offic red agent. I am
IGNATURE _								
SI	Ignature, typed or printed r			(NOTE: Registered Ag	ent signature require	ed when reinstating)	DATE	
2.		ame of registered agent a OFFICERS AND	DIRECTORS	(NOTE: Registered Ag	ent signature require		DATE CERS AND DIREC	TORS IN 12
2.	PD	OFFICERS AND				ed when reinstatious ADDITIONS/CHANGES TO OFFIC		
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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 cath; that I am an officer or director of the compilition 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 the report of the compilition of 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 the report of 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 the report of 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 the report of 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 the report of 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 the report of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.